PAGE 1 / 143

Image# 201601199004522861

### FEC FORM 3X

FE6AN026

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

1	or other man	All Authorized	Committee		Office Use Only			
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typin r the lines.	g, type	12FE4M5			
AMERICAN ASSOCIAT	TION OF NUF	RSE PRACTI	TIONERS	POLITIC	CAL ACTION	ON COMMI	TTEE	
ADDRESS (number and street)	PO BOX 12846							
Check if different								
than previously reported. (ACC)	Austin	TX 78711						
2. FEC IDENTIFICATION NUI	MBER ▼	CITY 🛦		S	STATE 🛦	ZIP C	ODE 🛦	
C C00358903		3. IS THIS REPORT		EW N) <b>OR</b>	× AM	IENDED		
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1  July 15 Quarterly Report (Q2  October 15 Quarterly Report (Q3  January 31 Year-End Report (YE  X July 31 Mid-Year Report (Non-election Year Only) (MY)  Termination Report (TER)	(c) 12-Day PRE-Ele Report	Election on		12C)	Sep	in the	Special (30S)	
5. Covering Period 01	/ D D / Y	2015	through	M M M	/ 30 /	2015	]	
I certify that I have examined this Type or Print Name of Treasurer	Meredith Heyde	e best of my kno	wledge and b	elief it is true	e, correct and	d complete.		
Signature of Treasurer Mereda	ith Heyde		[Electronically	<i>Filed]</i> Da	ate 01	19 /	2016	
NOTE: Submission of false, erroned	ous, or incomplete i	information may su	bject the pers	on signing thi	s Report to th	ne penalties of 2	U.S.C. §437g.	
Office Use Only						FEC FOI Rev. 12/		

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

#### AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

		COLUMN A This Period	COLUMN B Calendar Year-to-Date				
6.	(a) Cash on Hand January 1, 2015		343468.06				
	(b) Cash on Hand at  Beginning of Reporting Period	343468.06					
	(c) Total Receipts (from Line 19)	168248.50	168248.50				
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	511716.56	511716.56				
	Total Disbursements (from Line 31)	111848.25	111848.25				
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	399868.31	399868.31				
	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00					
	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00					

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

#### AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

R	eport Covering the Period: From: 01	01 2015	То:	06 30	2015				
	I. Receipts	COLUMN A Total This Per		COLUMN B Calendar Year-to-Date					
11.	Contributions (other than loans) From:  (a) Individuals/Persons Other  Than Political Committees								
	(i) Itemized (use Schedule A)	4	6869.00	46869.0					
	(ii) Unitemized(iii) TOTAL (add	12	1379.50		121379.50				
	Lines 11(a)(i) and (ii)▶	16	8248.50		168248.50				
	(b) Political Party Committees		0.00		0.00				
	(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines		0.00		0.00				
	11(a)(iii), (b), and (c)) (Carry	16	8248.50		168248.50				
12.	Totals to Line 33, page 5)  Transfers From Affiliated/Other				0.00				
	Party Committees		0.00		7				
13.	All Loans Received	7	0.00		0.00				
	Loan Repayments Received Offsets To Operating Expenditures	7	0.00		0.00				
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)		0.00		0.00				
16.	Refunds of Contributions Made to Federal Candidates and Other				0.00				
17.	Political Committees Other Federal Receipts		0.00		0.00				
18.	(Dividends, Interest, etc.)	7 7	0.00		0.00				
	(a) Non-Federal Account (from Schedule H3)		0.00		0.00				
	(b) Levin Funds (from Schedule H5)		0.00		0.00				
	(c) Total Transfers (add 18(a) and 18(b))	7	0.00		0.00				
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	16	8248.50	1 1 2 1 1	168248.50				
20.	Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	16	68248.50	1 1 1	168248.50				

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
. Operating Expenditures:  (a) Allocated Federal/Non-Federal	Total Tillo I criou	Calcilual Teat-to-Date		
Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
(ii) N 5 1 101	0.00	0.00		
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00		
Expenditures	6647.00	6647.00		
(c) Total Operating Expenditures				
(add 21(a)(i), (a)(ii), and (b))►	6647.00	6647.00		
Transfers to Affiliated/Other Party				
CommitteesContributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	105000.00	105000.00		
Independent Expenditures	0.00	0.00		
(use Schedule E) Coordinated Party Expenditures	3.00	7		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
, ,	7 7			
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
Refunds of Contributions To:				
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	0.00	0.00		
(such as PACs)	0.00	7		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))▶	0.00	0.00		
Other Disbursements	201.25	201.25		
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6)				
(i) Federal Share	0.00	0.00		
/// // · · · · · · · · ·	0.00	0.00		
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	0.00		
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add				
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,	111212			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	111848.25	111848.25		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	111848.25	111848.25		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
3. Total Contributions (other than loans) (from Line 11(d), page 3)	168248.50	168248.50				
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00				
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	168248.50	168248.50				
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	6647.00	6647.00				
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00				
8. Net Operating Expenditures (subtract Line 37 from Line 36)	6647.00	6647.00				

#### : 97 A = G7 9 @ 5 B9 CI G'H9 LHF9 @ 5 H98 'HC' 5 F9 DCFHz G7 < 98 I @ 'CF' ≠ H9 A = N5 H= CB

Form/Schedule: F3XA
Transaction ID:

Due to the implementation of new compliance PAC software the AANP-PAC is filling an amendment to their 1-1-15 through 6-30-15 filing. The new compliance software lists each contribution made by contributors whose total contributions exceed \$200 in a calendar year, as opposed to just those made after reaching the \$200 threshold. This has caused an increase in the amount of contributions listed in the itemized section (11.a.i) in the filed amendment and an equivalent decrease in the unitemized section (11.a.ii). All contributions made by a contributor whose total contributions exceed \$200 in a calendar year will be listed in this same manner in the filings moving forward. On 1-14-16 I discussed this issue with Cly Long, our FEC analyst the above noted memo is based on that conversation.

Form/Schedule: Transaction ID:

Use separate schedule(s) for each category of the Detailed Summary Page

	FOR LINE NUMBER:					PAGE	7	OF	143	
(check only one)										
		X	11a		11b		11c	12	2	
			13		14		15	16	6	17

or for commercial purposes, other than usi	ng the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION	OF NURSE PRACTITIONERS POL	ITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. Julie Adkins		Date of Receipt
Mailing Address 208 Susann Dr		03 20 2015
City	State Zip Code	Transaction ID : C3176451
West Frankfort	IL 62896-1937	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
SIMCA	FNP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	550.00	
Full Name (Last, First, Middle Initial)  3. Julie Adkins	1	Date of Receipt
Mailing Address 208 Susann Dr		03 28 2015
City	State Zip Code	Transaction ID : C3176440
West Frankfort	IL 62896-1937	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	•
SIMCA	FNP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial)  Julie Adkins		Date of Receipt
Mailing Address 208 Susann Dr		06 08 2015
City	State Zip Code	Transaction ID : C3177796
West Frankfort	IL 62896-1937	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer	Occupation	
SIMCA	FNP	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	550.00	
SUBTOTAL of Receipts This Page (option	nal)	550.00
TOTAL This Period (last page this line nu	mber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR L	PAGE		8	OF	•	143			
(check only one)									
<b>X</b> 1	1a	11b		11c		12			
1	3	14		15		16			17

or for commercial purposes, other than usi	ng the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION	NOF NURSE PRACTITIONERS POL	ITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  1. Jean Aertker		Date of Receipt
Mailing Address 646 Riviera Dr		03 28 2015
City	State Zip Code	Transaction ID : C3176441
Tampa	FL 33606-3810	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	-
Tampa OHS	FNPN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	235.00	
Full Name (Last, First, Middle Initial)  3. Jean Aertker	ı	Date of Receipt
Mailing Address 646 Riviera Dr		04 08 2015
City	State Zip Code	Transaction ID : C3167058
Tampa	FL 33606-3810	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	-
Tampa OHS	FNPN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  235.00	
Full Name (Last, First, Middle Initial)  C. Jean Aertker	<u>'</u>	Date of Receipt
Mailing Address 646 Riviera Dr		04 21 2015
City	State Zip Code	Transaction ID : C3175960
Tampa	FL 33606-3810	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	65.00
Name of Employer	Occupation	-
Tampa OHS	FNPN	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	235.00	
SUBTOTAL of Receipts This Page (option	nal)	185.00
TOTAL This Period (last page this line nu	imber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	=	9	OF		143	
(check only one)											
	X	11a		11b		11c		12	2		
		13		14		15		16	6		17

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.					
$\geq$	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	NURSE PRACTITIONERS POLIT	FICAL ACTION COMMITTEE					
Α.	Full Name (Last, First, Middle Initial) Jean Aertker		Date of Receipt					
	Mailing Address 646 Riviera Dr		06 11 2015					
	City Tampa	State Zip Code FL 33606-3810	Transaction ID : C3174924  Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С	50.00					
	Name of Employer Tampa OHS	Occupation FNPN						
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  235.00						
В.	Full Name (Last, First, Middle Initial) Valerie Allen-Foster		Date of Receipt					
	Mailing Address 1031 Highlands Plaza Dr W 307 West	Chata Zin Coda	05 08 2015					
	City Saint Louis	State Zip Code MO 63110-1303	Transaction ID : C3167021					
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  20.00					
	Name of Employer Mo. Dept of Mental Health	Occupation NP						
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  270.00						
<u> </u>	Full Name (Last, First, Middle Initial)  Valerie Allen-Foster		Date of Receipt					
	Mailing Address 1031 Highlands Plaza Dr W 307 West		05 08 2015					
	City Saint Louis	State Zip Code MO 63110-1303	Transaction ID : C3177540  Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	130.00					
	Name of Employer	Occupation						
	Mo. Dept of Mental Health	NP						
	Receipt For:	Aggregate Year-to-Date ▼						
	Primary General  Other (specify) ▼	270.00						
s	SUBTOTAL of Receipts This Page (optional)		200.00					
Т	OTAL This Period (last page this line number of	only)	40					

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		10	OF	•	143	
(check only one)											
	X	11a		11b		11c		12			
		13		14		15		16	,		17

or for commercial purposes, other than using	g the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION	OF NURSE PRACTITIONERS POL	ITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. Valerie Allen-Foster		Date of Receipt
Mailing Address 1031 Highlands Plaza Dr 307 West		06 11 2015
City	State Zip Code	Transaction ID : C3177399
Saint Louis	MO 63110-1303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer	Occupation	-
Mo. Dept of Mental Health	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	270.00	
Full Name (Last, First, Middle Initial)  3. Louann Bailey	'	Date of Receipt
Mailing Address 3060 Rainbow Ln		01 03 2015
City	State Zip Code	Transaction ID : C3176545
Richfield	OH 44286-9222	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	-
Akron General Medical Center	APRN Director	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  390.00	
Full Name (Last, First, Middle Initial)  C. Louann Bailey		Date of Receipt
Mailing Address 3060 Rainbow Ln		04 06 2015
City	State Zip Code	Transaction ID : C3177408
Richfield	OH 44286-9222	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer	Occupation	-
Akron General Medical Center	APRN Director	
Receipt For:	Aggregate Year-to-Date ▼	]
Primary General		
Other (specify) ▼	390.00	
SUBTOTAL of Receipts This Page (optional	ul)	340.00
TOTAL This Period (last page this line num	nber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

١	FOR	PAGE	 11	OF	143				
	(che	ck only	or						
	X	11a		11b		11c	12		
		13		14		15	16		17

Full Name (Last, First, Middle Initial) Louann Bailey  Mailing Address 3060 Rainbow Ln		Date of Receipt
City	State Zip Code	06 02 2015 Transaction ID : C3175863
Richfield	OH 44286-9222	Transaction ID : C3175862  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	65.00
Name of Employer	Occupation	
Akron General Medical Center	APRN Director	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	
Full Name (Last, First, Middle Initial) Louann Bailey		Date of Receipt
Mailing Address 3060 Rainbow Ln		M = M / D = D / Y = Y = Y
City	State Zip Code	06 09 2015 Transaction ID : C3175826
Richfield	OH 44286-9222	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	65.00
Name of Employer	Occupation	
Akron General Medical Center	APRN Director	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	
Full Name (Last, First, Middle Initial)  Louann Bailey		Date of Receipt
Mailing Address 3060 Rainbow Ln		06 11 2015
City Richfield	State Zip Code OH 44286-9222	Transaction ID : C3174712  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
Akron General Medical Center	APRN Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	390.00	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	LINE N	:	PAGE	. 1	12	OF	•	143	
(checl	k only	one)							
X	11a	11b		11c		12			
1	13	14		15		16			17

or for commercial purposes, other than us	sing the name and address of any political committee	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION	N OF NURSE PRACTITIONERS POL	LITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. Elizabeth Baldwin		Date of Receipt
Mailing Address 2594 Knottsville Rd		03 29 2015
City	State Zip Code	Transaction ID : C3176435
Grafton	WV 26354-7382	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
PEDIATRIC PARTNERS	FNP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	320.00	
Full Name (Last, First, Middle Initial)  3. Elizabeth Baldwin	,	Date of Receipt
Mailing Address 2594 Knottsville Rd		M M / D D / Y Y Y Y Y
City	State Zip Code	03 29 2015 Transaction ID : C2176426
Grafton	WV 26354-7382	Transaction ID : C3176436  Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	100.00
Name of Employer	Occupation	
PEDIATRIC PARTNERS	FNP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	320.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 2594 Knottsville Rd		06 09 _2015 _
City	State Zip Code	Transaction ID : C3220538
Grafton	WV 26354-7382	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
PEDIATRIC PARTNERS	FNP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	320.00	* In-Kind: In-Kind - Raffle Basket Donation
SUBTOTAL of Receipts This Page (optic	onal)	300.00
	·	
TOTAL This Period (last page this line n	umber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

	FOR LI	PAGE	1	13	OF	•	143			
(check only one)										
	X 11	а	11b		11c		12			
	13	3	14		15		16			17

Full Name (Last, First, Middle Initial) Elizabeth Baldwin  Mailing Address 2594 Knottsville Rd		Date of Receipt  06 10 2015
City	State Zip Code	Transaction ID : C3166926
Grafton	WV 26354-7382	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
PEDIATRIC PARTNERS	FNP	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial) Nancy Balkon	•	Date of Receipt
Mailing Address 1706 Avalon Pines Dr		M = M / D = D / Y = Y = Y
City	State Zip Code	05 07 2015 Transaction ID : C3176353
Coram	NY 11727-5142	Transaction ID : C3176352  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Stony Brook University	Occupation NP	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼  220.00	
Full Name (Last, First, Middle Initial)	<u>'</u>	
Nancy Balkon		Date of Receipt
Mailing Address 1706 Avalon Pines Dr  City	State Zip Code	06 10 2015
Coram	NY 11727-5142	Transaction ID : C3165595  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Stony Brook University	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	220.00	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE	 14	OF	 143
(c	he	ck only	or	ne)					
	X	11a		11b		11c	12		
		13		14		15	16	,	17

Mailing Add	Last, First, Middle Initial) alkon ress 1706 Avalon Pines Dr		Date of Receipt  M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City		State Zip Code	Transaction ID : C3165596
Coram		NY 11727-5142	Amount of Each Receipt this Period
	nber of contributing cal committee.	C	10.00
Name of En	nployer	Occupation	
Stony Brook	-	NP	
Receipt For		Aggregate Year-to-Date ▼	
Prima			
Other	(specify) ▼	220.00	
. Nancy B			Date of Receipt
Mailing Add	ress 1706 Avalon Pines Dr		06 11 2015
City		State Zip Code	06 11 2015 Transaction ID : C3176271
Coram		NY 11727-5142	Amount of Each Receipt this Period
FFC ID nun	nber of contributing		
	cal committee.	[C]	100.00
Name of En	nployer	Occupation	
Stony Brook	University	NP	
Receipt For		Aggregate Year-to-Date ▼	
Prima			
Other	(specify) ▼	220.00	
	Last, First, Middle Initial)	'	D. (D. )
Kevin B			Date of Receipt
walling Addi	ress 10947 140th Ave NE		03 28 2015
City		State Zip Code	Transaction ID : C3177425
Thief River	Falls	MN 56701-8458	Amount of Each Receipt this Period
	nber of contributing cal committee.	C	120.00
Name of En	nployer	Occupation	
Sanford Hea		NP	
Receipt For		Aggregate Year-to-Date ▼	
Prima		405.00	
	(specify) ▼	485.00	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LIN	PAGE	1	15	OF	143			
(check c	only or							
<b>X</b> 11 <i>a</i>	ı 🗌	11b		11c		12		
13		14		15		16	;	17

Full Name (Last, First, Middle Initial)  Kevin Ballard  Mailing Address 10947 140th Ave NE		Date of Receipt
		06 08 2015
City Thief River Falls	State Zip Code MN 56701-8458	Transaction ID : C3175829
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 65.00
Name of Employer	Occupation	
Sanford Health	NP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 485.00	
Full Name (Last, First, Middle Initial) . Kevin Ballard		Date of Receipt
Mailing Address 10947 140th Ave NE		M = M / D = D / Y = Y = Y
City	State Zip Code	06 08 2015 Transaction ID : C3176327
Thief River Falls	MN 56701-8458	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer Sanford Health	Occupation NP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 485.00	
Full Name (Last, First, Middle Initial)		Data of David
Mailing Address 10947 140th Ave NE		Date of Receipt
		06 12 2015
City Thief River Falls	State Zip Code MN 56701-8458	Transaction ID : C3177787  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
Sanford Health	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	485.00	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE	 16	OF	•	143
(0	che	ck only	or	ne)						
	X	11a		11b		11c	12			
		13		14		15	16	,		17

Lynda Banwart  Mailing Address 3130 Skelley Ct		Date of Receipt					
City	State Zip Code	01 20 2015 Transaction ID : C3169003					
Joplin	MO 64804-1393	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	25.00					
Name of Employer	Occupation						
Orthopaedic Specialists Four	Ortho NP						
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 275.00						
Full Name (Last, First, Middle Initial) Lynda Banwart		Date of Receipt					
Mailing Address 3130 Skelley Ct		M = M / D = D / Y = Y = Y					
City	State Zip Code	06 16 2015					
Joplin	MO 64804-1393	Transaction ID : C3177958  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer Orthopaedic Specialists Four	Occupation Ortho NP						
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  275.00						
Full Name (Last, First, Middle Initial) Elizabeth Barker	1	Date of Receipt					
Mailing Address 6401 Wynwright Dr		06 08 2015					
City Dublin	State Zip Code OH 43016-8260	Transaction ID : C3177797  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	200.00					
Name of Employer	Occupation						
University Health Connections	NP						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General  Other (specify) ▼	325.00						

Use separate schedule(s) for each category of the Detailed Summary Page

						PAGE	 17	OF	 143
(c	he	ck only							
	X	11a		11b		11c	12		
		13		14		15	16	,	17

	g the name and address of any political committee	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION	OF NURSE PRACTITIONERS POL	LITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. Elizabeth Barker		Date of Receipt
Mailing Address 6401 Wynwright Dr		06 10 / Y = Y = Y = Y
City	State Zip Code	Transaction ID : C3177465
Dublin	OH 43016-8260	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	125.00
Name of Employer	Occupation	
University Health Connections	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	325.00	
Full Name (Last, First, Middle Initial)  Mary Behrens	'	Date of Receipt
Mailing Address 5504 E 22nd St		M M / D D / Y Y Y Y
City	State Zip Code	01 29 2015 Transaction ID : C2176502
Casper	WY 82609-4618	Transaction ID : C3176502  Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	100.00
Name of Employer	Occupation	
Self	FNP	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	360.00	
Full Name (Last, First, Middle Initial)  C. Mary Behrens		Date of Receipt
Mailing Address 5504 E 22nd St		04 20 _ 2015 _
City	State Zip Code	Transaction ID : C3167039
Casper	WY 82609-4618	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	-
Self	FNP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	360.00	
Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional	al)	245.00
TOTAL This Period (last page this line num	nber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LIN	PAGE	1	18	OF		143			
(check only one)									
<b>X</b> 11a		11b		11c		12			
13		14		15		16			17

Full Name (Last, First, Middle Initial)  Mary Behrens  Mailing Address 5504 E 22nd St		Date of Receipt				
City	State Zip Code	04 20 2015 Transaction ID : C3175967				
Casper	WY 82609-4618	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	65.00				
Name of Employer	Occupation					
Self	FNP					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  360.00					
Full Name (Last, First, Middle Initial) Mary Behrens		Date of Receipt				
Mailing Address 5504 E 22nd St		M = M / D = D / Y = Y = Y				
City	State Zip Code	06 09 2015				
City Casper	WY 82609-4618	Transaction ID : C3165234				
·	02000 1010	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	5.00				
Name of Employer	Occupation					
Self	FNP					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00					
Full Name (Last, First, Middle Initial)		Data of Bassist				
Mary Behrens		Date of Receipt				
Mailing Address 5504 E 22nd St		06 09 _2015 _				
City	State Zip Code	Transaction ID : C3220523				
Casper	WY 82609-4618	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	150.00				
Name of Employer	Occupation					
Self	FNP					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General  Other (specify) ▼	360.00	* In-Kind: In-Kind - Raffle Basket Donation				

Use separate schedule(s) for each category of the Detailed Summary Page

	FOR LINE NUMBER:						PAGE		19	OF	•	143
(check only one)												
		X	11a		11b		11c		12			
			13		14		15		16	,		17

Full Name (Last, First, Middle Initial)  Mary Behrens  Mailing Address 5504 E 22nd St		Date of Receipt  06 10 2015
City	State Zip Code	Transaction ID : C3166883
Casper	WY 82609-4618	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Self	FNP	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) Roberta Bell	•	Date of Receipt
Mailing Address 4600 Eagle Trace Dr		M = M / D = D / Y = Y = Y
City	State 7in Code	05 19 2015
City Medford	State Zip Code OR 97504-9233	Transaction ID : C3174754
	OIX 97504-9255	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
Rogue Community Health	FNP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)		
Roberta Bell		Date of Receipt
Mailing Address 4600 Eagle Trace Dr	Chata 7:- Onda	05 19 2015
City Medford	State Zip Code OR 97504-9233	Transaction ID : C3175903  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	65.00
Name of Employer	Occupation	
Rogue Community Health	FNP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LIN	E NUMBEI	R: PAC	GE 20 OF	143					
(check only one)									
<b>X</b> 11a	11b	11c	12						
13	14	15	16	17					

Full Name (Last, First, Middle Initial) Roberta Bell Mailing Address 4600 Eagle Trace Dr		Date of Receipt
City	State 7in Code	05 22 2015
City Medford	State Zip Code OR 97504-9233	Transaction ID : C3175891
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 65.00
Name of Employer	Occupation	
Rogue Community Health	FNP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Roberta Bell	'	Date of Receipt
Mailing Address 4600 Eagle Trace Dr		M = M / D = D / Y = Y = Y
City	State Zip Code	06 08 2015
Medford	OR 97504-9233	Transaction ID : C3175830  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	65.00
Name of Employer Rogue Community Health	Occupation FNP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)	l .	Date of Door:t
Roberta Bell  Mailing Address 4600 Eagle Trace Dr		Date of Receipt  06 10 2015
City Medford	State         Zip Code           OR         97504-9233	Transaction ID : C3166532  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer	Occupation	
Rogue Community Health	FNP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	

Use separate schedule(s) for each category of the Detailed Summary Page

							PAGE	PAGE 21 OF				
(check only one)												
		X	11a		11b		11c		12			
			13		14		15		16	;		17

or		name and address of any political committee to	
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	NURSE PRACTITIONERS POLIT	FICAL ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Dorothy Borresen		Date of Receipt
	Mailing Address 133 Franklin Corner Rd Ste 2	7:04	02 21 2015
	City Lawrenceville	State Zip Code NJ 08648-2531	Transaction ID : C3177718
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  150.00
	Name of Employer	Occupation	
	Self	ANP	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
В.	Full Name (Last, First, Middle Initial) Dorothy Borresen		Date of Receipt
	Mailing Address 133 Franklin Corner Rd Ste 2		03 21 2015
	City	State Zip Code	Transaction ID : C3176449
	Lawrenceville	NJ 08648-2531	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	100.00
	Name of Employer Self	Occupation ANP	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Richard Brown		Date of Receipt
•	Mailing Address 4924 Branch Mill Cir		03 29 _2015 _
	City Mountain Brk	State Zip Code AL 35223-1606	Transaction ID : C3168361  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer	Occupation	
	Children's Hospital of Alabama	NP	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General  Other (specify) ▼	210.00	
s	UBTOTAL of Receipts This Page (optional)		275.00
_	OTAL This Period (last page this line number o	only).	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE	2	22	OF		143
(check only one)											
	X	11a		11b		11c		12			
		13		14		15		16			17

Full Name (Last, First, Middle Initial) Richard Brown  Mailing Address 4924 Branch Mill Cir		Date of Receipt
City	State Zip Code	04 22 2015 Transaction ID : C3167033
Mountain Brk	AL 35223-1606	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Children's Hospital of Alabama	NP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Richard Brown	1	Date of Receipt
Mailing Address 4924 Branch Mill Cir		M = M / D = D / Y = Y = Y
City	State Zip Code	04 22 2015
Mountain Brk	AL 35223-1606	Transaction ID : C3175958  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	65.00
Name of Employer Children's Hospital of Alabama	Occupation NP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial)		Data of Daniel
Richard Brown		Date of Receipt
Mailing Address 4924 Branch Mill Cir		06 122015
City	State Zip Code	Transaction ID : C3176238
Mountain Brk	AL 35223-1606	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Children's Hospital of Alabama	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	210.00	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	LINE N	JMBER	PAGE	2	23	OF	•	143			
(check only one)											
X	11a	11b		11c		12					
1	13	14	15		16			17			

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	NURSE PRACTITIONERS POLIT	FICAL ACTION COMMITTEE
۹.	Full Name (Last, First, Middle Initial) Theresa Brown		Date of Receipt
	Mailing Address 1152 Rexford PI		04 08 2015
_	City Thousand Oaks	State Zip Code CA 91360-5345	Transaction ID : C3174852  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer INTERVENTIONAL CARDIOLOGY MEDI	Occupation NP	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  300.00	
3.	Full Name (Last, First, Middle Initial) Theresa Brown Mailing Address 1152 Rexford PI		Date of Receipt
-	City Thousand Oaks FEC ID number of contributing	State Zip Code CA 91360-5345	04 14 2015  Transaction ID : C3177566  Amount of Each Receipt this Period
	federal political committee.  Name of Employer	Occupation	130.00
	Receipt For:  Primary  Other (specify)	NP Aggregate Year-to-Date ▼ 300.00	
). ).	Full Name (Last, First, Middle Initial) Theresa Brown		Date of Receipt
	Mailing Address 1152 Rexford Pl		06 09 2015
-	City Thousand Oaks	State Zip Code CA 91360-5345	Transaction ID : C3220526  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer  INTERVENTIONAL CARDIOLOGY MEDI  Receipt For:  Primary General Other (specify)	Occupation NP Aggregate Year-to-Date ▼ 300.00	* In-Kind: In-Kind - Raffle Basket Donation
SI	JBTOTAL of Receipts This Page (optional)		300.00
TC	OTAL This Period (last page this line number o	nly)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOF	R LINE	NU	MBER	PAGE	2	24	OF		143		
(check only one)											
X	11a		11b	11c		12					
	13		14	15		16	;		17		

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION (	OF NURSE PRACTITIONERS POLI	TICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Melissa Christiansen		Date of Receipt
Mailing Address 26481 Conestoga Ct		06 09 2015
City	State Zip Code	Transaction ID : C3176115
Menifee	CA 92586-3457	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70.00
Name of Employer	Occupation	
Information Requested	Information Requested	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	
Full Name (Last, First, Middle Initial)  3. Melissa Christiansen		Date of Receipt
Mailing Address 26481 Conestoga Ct		06 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C3166892
Menifee	CA 92586-3457	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Information Requested	Information Requested	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	
Full Name (Last, First, Middle Initial)  C. Melissa Christiansen		Date of Receipt
Mailing Address 26481 Conestoga Ct		06 10 2015
City	State Zip Code	Transaction ID : C3178039
Menifee	CA 92586-3457	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Information Requested	Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	390.00	
SUBTOTAL of Receipts This Page (optional)		390.00
TOTAL This Period (last page this line numb	per only)	

Use separate schedule(s) for each category of the Detailed Summary Page

	_	LINE	_		:	PAGE	2	25	OF	143
(0	che	ck only	or	ne)						
	X	11a		11b		11c		12		
13 14						15		16	,	17

Full Name (Last, First, Middle Initial)  Cynthia Cobb  Mailing Address 500 Juliette PI		Date of Receipt  06 10 2015
City	State Zip Code	Transaction ID : C3178118
Lafayette	LA 70506-4571	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Allure Enhancement Center	NP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)  Marie Coffin		Date of Receipt
Mailing Address 11321 W Ponderosa St		M = M / D = D / Y = Y = Y
City	State Zip Code	02 20 2015
Wichita	KS 67212-5642	Transaction ID : C3175024  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Health Care Clinic at Walgreen	Occupation ARNP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	
Full Name (Last, First, Middle Initial)  Marie Coffin		Date of Receipt
Mailing Address 11321 W Ponderosa St	:	05 07 2015
City Wichita	State Zip Code KS 67212-5642	Transaction ID : C3167022  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Health Care Clinic at Walgreen	ARNP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	340.00	

Use separate schedule(s) for each category of the Detailed Summary Page

				MBER	:	PAGE	2	26	OF	143
(c	he	ck only	or	ne)						
	X	11a		11b	11c		12			
		13		15		16		17		

or		name and address of any political committee to	
$\rangle$	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	NURSE PRACTITIONERS POLITION	TICAL ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial)  Marie Coffin  Mailing Address 11321 W Ponderosa St		Date of Receipt
	City	State Zip Code	05 07 2015 Transaction ID : C3175933
	Wichita	KS 67212-5642	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	65.00
	Name of Employer Health Care Clinic at Walgreen	Occupation ARNP	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	
В.	Full Name (Last, First, Middle Initial) Marie Coffin		Date of Receipt
	Mailing Address 11321 W Ponderosa St		05 27 2015
	City Wichita	State Zip Code KS 67212-5642	Transaction ID : C3176342  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Health Care Clinic at Walgreen	Occupation ARNP	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  340.00	
<u> </u>	Full Name (Last, First, Middle Initial)  Marie Coffin		Date of Receipt
	Mailing Address 11321 W Ponderosa St		06 10 _2015 _
	City Wichita	State Zip Code KS 67212-5642	Transaction ID : C3165205  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	5.00
	Name of Employer  Health Care Clinic at Walgreen	Occupation	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  340.00	
S	UBTOTAL of Receipts This Page (optional)		170.00
т	OTAL This Period (last page this line number o	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

_			_	MBER	:	PAGE	2	27	OF		143	
(ch	nec	ck only	or	ne)								
>	$\langle$	11a		11b		11c		12				
	13 14					15		16			17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Marie Coffin Date of Receipt Mailing Address 11321 W Ponderosa St 2015 City State Zip Code Transaction ID: C3176260 KS Wichita 67212-5642 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Health Care Clinic at Walgreen ARNP Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) Full Name (Last, First, Middle Initial) B. Donna Coimbra-Emanuele Date of Receipt Mailing Address 6428 Valmont St 04 2015 02 City State Zip Code Transaction ID: C3174985 CA Tujunga 91042-2557 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation USC Verdugo Hill Hospital NP Receipt For: Aggregate Year-to-Date ▼ Primary General 740.00 Other (specify) Full Name (Last, First, Middle Initial) c. Donna Coimbra-Emanuele Date of Receipt Mailing Address 6428 Valmont St 06 2015 04 City State Zip Code Transaction ID: C3178089 CA Tujunga 91042-2557 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation NΡ USC Verdugo Hill Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 740.00 Other (specify) 650.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

Use separate schedule(s) for each category of the Detailed Summary Page

	-		_	MBER	:	PAGE	2	28	OF	143
(c	he	ck only	or	ne)						
	X	11a		11b		11c		12		
13 14						15		16	,	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Donna Coimbra-Emanuele Date of Receipt Mailing Address 6428 Valmont St 04 08 2015 City State Zip Code Transaction ID: C3167064 CA Tujunga 91042-2557 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation NP USC Verdugo Hill Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 740.00 Other (specify) Full Name (Last, First, Middle Initial) B. Donna Coimbra-Emanuele Date of Receipt Mailing Address 6428 Valmont St 05 09 2015 City State Zip Code Transaction ID: C3175925 CA Tujunga 91042-2557 Amount of Each Receipt this Period FEC ID number of contributing 65.00 federal political committee. Name of Employer Occupation USC Verdugo Hill Hospital NP Receipt For: Aggregate Year-to-Date ▼ Primary General 740.00 Other (specify) Full Name (Last, First, Middle Initial) c. Donna Coimbra-Emanuele Date of Receipt Mailing Address 6428 Valmont St 09 2015 06 City State Zip Code Transaction ID: C3165241 CA Tujunga 91042-2557 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Name of Employer Occupation NΡ USC Verdugo Hill Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 740.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

Use separate schedule(s) for each category of the Detailed Summary Page

	_		_	MBER	PAGE	2	29	OF	•	143	
(0	che	ck only	or	ne)							
	X	11a		11b		11c		12			
13 14						15		16	,		17

or for commercial purposes, other than us	ing the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION	N OF NURSE PRACTITIONERS POLI	ITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. Donna Coimbra-Emanuele		Date of Receipt
Mailing Address 6428 Valmont St		06 12 2015
City	State Zip Code	Transaction ID: C3176216
Tujunga	CA 91042-2557	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
USC Verdugo Hill Hospital	NP	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	740.00	
Full Name (Last, First, Middle Initial)  3. Keven Comer	'	Date of Receipt
Mailing Address 509 Tillyfour Rd		06 10 / Y Y Y Y Y Y
City	State Zip Code MT 59718-9676	Transaction ID : C3177966
Bozeman FEC ID reverbor of contribution	00.10 00.0	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Bozeman Health Group	Occupation	
Receipt For:	NP	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial)  C. Keven Comer	•	Date of Receipt
Mailing Address 509 Tillyfour Rd		06 10 2015
City	State Zip Code MT 59718-9676	Transaction ID : C3178038
Bozeman	MT 59718-9676	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Bozeman Health Group	NP	
Receipt For:    Primary   General	Aggregate Year-to-Date ▼	
Other (specify)	550.00	
SUBTOTAL of Receipts This Page (option	nal)	650.00
	ımber only)	
ivia= iiiis i ciicu (last page tilis lille lit	1111001 Othy)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	3	30	OF	•	143	
	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16			17

or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION C	F NURSE PRACTITIONERS POLI	TICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. Cindy Cooke		Date of Receipt
Mailing Address 5005 Red Mile Ct SE		03 28 2015
City	State Zip Code	Transaction ID : C3176437
Brownsboro	AL 35741-9306	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Fox Army Health Center	FNP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial)  3. Cindy Cooke		Date of Receipt
Mailing Address 5005 Red Mile Ct SE	04 07 2015	
City	State Zip Code	Transaction ID : C3175982
Brownsboro	AL 35741-9306	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	65.00
Name of Employer	Occupation	
Fox Army Health Center	FNP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial)  Cindy Cooke		Date of Receipt
Mailing Address 5005 Red Mile Ct SE		04 08 2015
City	State Zip Code	Transaction ID : C3167047
Brownsboro	AL 35741-9306	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Fox Army Health Center	FNP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
SUBTOTAL of Receipts This Page (optional).	<b>•</b>	185.00
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	: 3	31	OF	•	143	
(check only one)											
	X	11a		11b		11c		12			
		13		14		15		16	;		17

or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION (	OF NURSE PRACTITIONERS POL	LITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Lindy Cooke		Date of Receipt
Mailing Address 5005 Red Mile Ct SE		05 27 2015
City	State Zip Code	Transaction ID : C3175885
Brownsboro	AL 35741-9306	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	65.00
Name of Employer	Occupation	
Fox Army Health Center	FNP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial)  Cindy Cooke		Date of Receipt
Mailing Address 5005 Red Mile Ct SE		06 09 2015
City	State Zip Code	Transaction ID: C3176323
Brownsboro	AL 35741-9306	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Fox Army Health Center	FNP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial)  Anna Maria Maria Cruz		Date of Receipt
Mailing Address PO Box 2		04 02 2015
City	State Zip Code	Transaction ID : C3174760
Hagatna	GU 96932-0002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	+
United Family Medical Center	FNP	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	. 199. 198.10 198.10 1	
Other (specify) ▼	245.00	
SUBTOTAL of Receipts This Page (optional)	)	205.00
TOTAL This Period (last page this line numb	per only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					:	PAGE	3	32	OF	1	43
	(check only one)										
	>	11a		11b		11c		12			
		13		14		15		16			17

or		name and address of any political committee to	
$\rangle$	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	NURSE PRACTITIONERS POLIT	FICAL ACTION COMMITTEE
A.	Full Name (Last, First, Middle Initial) Anna Maria Maria Cruz  Mailing Address PO Box 2  City Hagatna  FEC ID number of contributing federal political committee.  Name of Employer United Family Medical Center  Receipt For:  Primary General Other (specify)	State Zip Code GU 96932-0002  C  Occupation FNP  Aggregate Year-to-Date ▼  245.00	Date of Receipt  M M / D D / Y Y Y Y Y  O6
В.	Full Name (Last, First, Middle Initial) Anna Maria Maria Cruz  Mailing Address PO Box 2		Date of Receipt
	City Hagatna  FEC ID number of contributing federal political committee.	State Zip Code GU 96932-0002	06 10 2015  Transaction ID : C3165589  Amount of Each Receipt this Period  10.00
	Name of Employer United Family Medical Center  Receipt For:  Primary General  Other (specify) ▼	Occupation FNP  Aggregate Year-to-Date ▼  245.00	
C.	Full Name (Last, First, Middle Initial)  Katherine Darling  Mailing Address 637 Cougar Ln  City  Mountain Home  FEC ID number of contributing federal political committee.  Name of Employer  Katherine Darling, PLLC  Receipt For:  Primary General  Other (specify)	State Zip Code AR 72653-8878  C  Occupation PMHNP  Aggregate Year-to-Date ▼  765.00	Date of Receipt  M
S	UBTOTAL of Receipts This Page (optional)	<u> </u>	325.00
т	OTAL This Period (last page this line number o	nlv)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE	: 3	33	OF	143
(0	che	ck only								
	X	11a		11b		11c		12		
		13		14		15		16		17

Full Name (Last, First, Middle Initial)  Katherine Darling  Mailing Address 637 Cougar Ln		Date of Receipt
City	Otata Zin Orda	05 07 2015
City Mountain Home	State Zip Code AR 72653-8878	Transaction ID : C3176351
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  100.00
Name of Employer Katherine Darling, PLLC	Occupation PMHNP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 765.00	
Full Name (Last, First, Middle Initial)  Katherine Darling		Date of Receipt
Mailing Address 637 Cougar Ln  City	State Zip Code	05 28 2015
Mountain Home	AR 72653-8878	Transaction ID : C3175883  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	65.00
Name of Employer Katherine Darling, PLLC	Occupation PMHNP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  765.00	
Full Name (Last, First, Middle Initial)  Katherine Darling		Date of Receipt
Mailing Address 637 Cougar Ln		06 08 2015
City Mountain Home	State Zip Code AR 72653-8878	Transaction ID : C3165264  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5.00
Name of Employer Katherine Darling, PLLC	Occupation PMHNP	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼  765.00	

Use separate schedule(s) for each category of the Detailed Summary Page

					PAGE	: 3	34	OF	•	143
	(check only one)									
	X 1	I1a	11b		11c		12			
	1	13	14		15		16			17

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.			
/	OF NURSE PRACTITIONERS POLI	TICAL ACTION COMMITTEE			
Full Name (Last, First, Middle Initial)  Katherine Darling		Date of Receipt			
Mailing Address 637 Cougar Ln		06 09 2015			
City	State Zip Code	Transaction ID : C3220512			
Mountain Home	AR 72653-8878	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	425.00			
Name of Employer	Occupation				
Katherine Darling, PLLC	PMHNP				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General  Other (specify) ▼	765.00	* In-Kind: In-Kind - Raffle Basket Donation			
Full Name (Last, First, Middle Initial)  3. Katherine Darling	•	Date of Receipt			
Mailing Address 637 Cougar Ln	06 10 _2015 _				
City	State Zip Code	Transaction ID : C3174927			
Mountain Home	AR 72653-8878	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer	Occupation				
Katherine Darling, PLLC	PMHNP				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 765.00				
Full Name (Last, First, Middle Initial)  C. Kahlil Demonbreun		Date of Receipt			
Mailing Address 1020 Wedgewood Rd		06 08 2015			
City	State Zip Code	Transaction ID : C3178086			
Orangeburg	SC 29118-4073	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer	Occupation				
Veteran Affairs	NP				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	500.00				
SUBTOTAL of Receipts This Page (optional)		975.00			
TOTAL This Period (last page this line numb	per only)				

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE	NUMBER:	PAGE	35 OF	143				
(check only one)								
<b>X</b> 11a	11b	11c	12					
13	14	15	16	17				

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE  Full Name (Last, First, Middle Initial)  M Elayne Desimone  Mailing Address 900 Winding Ln  City State Zip Code PA 19063-1656  FEC ID number of contributing federal political committee.  Name of Employer Widener University Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)		g the name and address of any political committee			
M Elayne Desimone  Mailing Address 900 Winding Ln  City State Zip Code PA 19063-1656  FEC ID number of contributing federal political committee.  NP  Receipt Transaction ID: C3177527  Amount of Each Receipt this Period  Transaction ID: C3177527  Amount of Each Receipt this Period  Transaction ID: C3177527  Amount of Each Receipt this Period  Transaction ID: C3177527  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: C3176323  Amount of Each Receipt this Period  Transaction ID: C3166823  Amount of Each Receipt this Period  Transaction ID: C3166823  Amount of Each Receipt this Period  Transaction ID: C3166823  Amount of Each Receipt this Period  Transaction ID: C3166823  Amount of Each Receipt this Period  Transaction ID: C3166823  Transaction ID: C3166823  Amount of Each Receipt this Period  Transaction ID: C3166823  Transaction ID: C3166823  Amount of Each Receipt this Period  Transaction ID: C3166823  Amount of Each Receipt this Period  Transaction ID: C3166823  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: C3166823  Transaction ID: C3166823  Amount of Each Receipt this Period  Transaction ID: C3166823  Amount of Each Receipt this Period  Transaction ID: C3166823  Amount of Each Receipt this Period  Transaction ID: C3166823  Amount of Each Receipt this Period  Transaction ID: C3166823  Amount of Each Receipt this Period  Transaction ID: C3166823  Amount of Each Receipt this Period  Transaction ID: C3166823  Amount of Each Receipt this Period  Transaction ID: C3166823  Amount of Each Receipt this Period  Transaction ID: C3166823  Amount of Each Receipt this Period  Transaction ID: C3166823  Transaction ID: C3166823  Amount of Each Receipt this Period  Transaction ID: C3166823  Transaction ID: C3166823  Amount of Each Receipt this Period  Transaction ID: C3166823  Transaction ID: C3166823  Transaction ID: C3166823  Amount of Each Receipt this Period  Transaction ID: C3166823  Transaction ID: C3166823  Transaction ID: C3166823  Transaction ID: C3166823  Transaction ID: C		OF NURSE PRACTITIONERS PO	LITICAL ACTION COMMITTEE		
City Media PA 19063-1656  Transaction ID: C317527  Amount of Each Receipt this Period  130.00  Transaction ID: C317527  Amount of Each Receipt this Period  130.00  Transaction ID: C317527  Amount of Each Receipt this Period  130.00  Transaction ID: C317527  Amount of Each Receipt this Period  130.00  Transaction ID: C317527  Amount of Each Receipt this Period  130.00  Date of Receipt  Transaction ID: C316823  Amount of Each Receipt this Period  130.00  Date of Receipt  Transaction ID: C316823  Amount of Each Receipt this Period  130.00  Date of Receipt  Transaction ID: C316823  Amount of Each Receipt this Period  Transaction ID: C316823  Transaction ID: C3	M Elayne Desimone	·			
Media		7'- 0-4-	05 20 2015		
FEC ID number of contributing federal political committee.  Name of Employer  Widener University  NP  Receipt For:  Primary General Other (specify) ▼  NE  Receipt For:  Primary General Other (specify) ▼  NE  Aggregate Year-to-Date ▼  Transaction ID : C316823  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID : C316823  Amount of Each Receipt this Period  Date of Receipt  Transaction ID : C316823  Amount of Each Receipt this Period  Date of Receipt  Transaction ID : C316823  Transaction ID : C316823  Amount of Each Receipt this Period  Date of Receipt  Transaction ID : C316823  Transaction ID : C316823  Amount of Each Receipt this Period  Date of Receipt  Transaction ID : C316823  Amount of Each Receipt this Period  Date of Receipt  Date of Receipt  Transaction ID : C316827  Amount of Each Receipt this Period  Date of Receipt  Transaction ID : C3176270  Amount of Each Receipt this Period  Date of Receipt  Transaction ID : C3176270  Amount of Each Receipt this Period  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼	•	·			
Widener University Receipt For:    Primary   General Other (specify) ▼	FEC ID number of contributing	C			
Receipt For:    Primary   General   Other (specify) ▼   250.00	Name of Employer	Occupation			
Primary   General   Other (specify) ▼   250.00		NP			
Full Name (Last, First, Middle Initial)  M Elayne Desimone  Mailing Address 900 Winding Ln  City  Media  PA  19063-1656  FEC ID number of contributing federal political committee.  Cocupation  NP  Receipt For:  Primary  Other (specify) ▼  State  Zip Code  PA  19063-1656  Cocupation  NP  Receipt For:  Primary  General  City  Maling Address 900 Winding Ln  City  Maling Address 900 Winding Ln  City  State  Zip Code  PA  19063-1656  Date of Receipt  Transaction ID: C3166823  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: C3166823  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: C3176270  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: C3176270  Amount of Each Receipt this Period  Transaction ID: C3176270  Amount of Each Receipt this Period  Transaction ID: C3176270  Amount of Each Receipt this Period  Transaction ID: C3176270  Amount of Each Receipt this Period  Transaction ID: C3176270  Amount of Each Receipt this Period  Transaction ID: C3176270  Amount of Each Receipt this Period  Transaction ID: C3176270  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: C3176270  Amount of Each Receipt this Period  Transaction ID: C3176270  Amount of Each Receipt this Period  Transaction ID: C3176270  Amount of Each Receipt this Period		Aggregate Year-to-Date ▼			
M Elayne Desimone  Mailing Address 900 Winding Ln  City State Zip Code PA 19063-1656  FEC ID number of contributing federal political committee.  Cocupation Widener University NP  Receipt For: Primary General Other (specify) ▼  State Zip Code PA 19063-1656  Cocupation NP  Receipt For: Primary General Other (specify) ▼  State Zip Code PA 19063-1656  Date of Receipt  Transaction ID: C3166823  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: C3166823  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: C3166823  Amount of Each Receipt this Period  Date of Receipt this Period  Date of Receipt this Period  Primary General Other (specify) ▼  Date of Receipt this Period  D					
City Media PA 19063-1656  FEC ID number of contributing federal political committee.  Name of Employer Widener University NP  Receipt For: Primary General Other (specify) ▼  City State Zip Code PA 19063-1656  Cocupation NP  Receipt For: Primary General Other (specify) ▼  City State Zip Code PA 19063-1656  Date of Receipt  Transaction ID: C3166823  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: C3166823  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: C3166823  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: C3176270  Amount of Each Receipt this Period  PA 19063-1656  FEC ID number of contributing federal political committee.  Name of Employer Widener University Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  100.00		•	Date of Receipt		
City State Zip Code   Media PA 19063-1656   FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period   Name of Employer Widener University Occupation NP   Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼   Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼   Media PA 19063-1656   FEC ID number of contributing federal political committee. C   Name of Employer Widener University Occupation NP   Name of Employer Widener University Occupation NP   Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼   Primary General Other (specify) ▼ Aggregate Year-to-Date ▼   Other (specify) ▼ Aggregate Year-to-Date ▼	Mailing Address 900 Winding Ln				
Media  PA 19063-1656  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C	City	State Zip Code			
FEC ID number of contributing federal political committee.  Name of Employer Widener University  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  M Elayne Desimone  Mailing Address 900 Winding Ln  City State Zip Code PA 19063-1656  FEC ID number of contributing federal political committee.  City Desimone  City State Zip Code PA 19063-1656  City Aggregate Year-to-Date ▼					
Widener University  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  250.00   Pull Name (Last, First, Middle Initial)  M Elayne Desimone  Mailing Address 900 Winding Ln  City State Zip Code PA 19063-1656  FEC ID number of contributing federal political committee.  Name of Employer  Widener University  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  250.00	ŭ	С			
Primary General Other (specify) ▼    Date of Receipt		· ·			
M Elayne Desimone  Mailing Address 900 Winding Ln  City State Zip Code PA 19063-1656  FEC ID number of contributing federal political committee.  Name of Employer Widener University  Receipt For:  Primary General Other (specify) ▼  Date of Receipt  M M M	Primary General				
Mailing Address 900 Winding Ln  City State Zip Code PA 19063-1656  FEC ID number of contributing federal political committee.  Name of Employer Widener University Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  250.00			Date of Receipt		
State Zip Code Media  PA 19063-1656  FEC ID number of contributing federal political committee.  Name of Employer Widener University  Receipt For: Primary Other (specify) ▼  State Zip Code PA 19063-1656  Amount of Each Receipt this Period  100.00  Amount of Each Receipt this Period  100.00  250.00			M = M / D = D / Y = Y = Y		
FEC ID number of contributing federal political committee.  Name of Employer  Widener University  Receipt For:  Primary  General  Other (specify)   Amount of Each Receipt this Period  100.00  Amount of Each Receipt this Period  100.00	City	·			
Touch federal political committee.  Name of Employer  Widener University  Receipt For:  Primary  Other (specify) ▼  Occupation  NP  Aggregate Year-to-Date ▼  250.00	Media	PA 19063-1656	Amount of Each Receipt this Period		
Widener University  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  250.00	9	C	100.00		
Receipt For:  Primary General  Other (specify) ▼  Aggregate Year-to-Date ▼  250.00	Name of Employer	Occupation	_		
Primary General Other (specify) ▼  250.00		NP			
Other (specify)  250.00	·	Aggregate Year-to-Date ▼			
SUBTOTAL of Receipts This Page (optional)		250.00			
	SUBTOTAL of Receipts This Page (optional	al)	250.00		
OTAL This Period (last page this line number only)	TOTAL This Pariod (last page this line num	nhor only)			

Use separate schedule(s) for each category of the Detailed Summary Page

FOF	LINE	NU	MBER	:	PAGE	3	36	OF	143
(che	ck only	or	ne)						
×	11a		11b		11c		12		
	13		14		15		16		17

NAME OF COMMITTEE (In Full)	The Harrie and address of any political committee to	solicit contributions from such committee.
, ,	F NURSE PRACTITIONERS POLI	TICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Sattaria Dilks		Date of Receipt
Mailing Address 1901 Rosedown Dr		03 28 2015
City	State Zip Code	Transaction ID : C3177424
Lake Charles	LA 70605-9700	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer	Occupation	
Self-Employed	Psychiatric Mental Health NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	610.00	
Full Name (Last, First, Middle Initial)  3. Sattaria Dilks	1	Date of Receipt
Mailing Address 1901 Rosedown Dr		05 07 2015
City	State Zip Code	Transaction ID : C3176350
Lake Charles	LA 70605-9700	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	
Self-Employed	Psychiatric Mental Health NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	610.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 1901 Rosedown Dr		05 28 2015
City	State Zip Code	Transaction ID : C3177515
Lake Charles	LA 70605-9700	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	130.00
•	Occupation	130.00
federal political committee.  Name of Employer		130.00
federal political committee.	Occupation Psychiatric Mental Health NP	130.00
federal political committee.  Name of Employer Self-Employed	Occupation	130.00
federal political committee.  Name of Employer  Self-Employed  Receipt For:	Occupation Psychiatric Mental Health NP	130.00
federal political committee.  Name of Employer  Self-Employed  Receipt For:  Primary  General	Occupation Psychiatric Mental Health NP  Aggregate Year-to-Date ▼  610.00	350.00

Use separate schedule(s) for each category of the Detailed Summary Page

	_	LINE	PAGE	: 3	37	OF	143			
(0	che	ck only	or	ne)						
X 11a 11b						11c		12		
		13		14		15		16	,	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name (Last, First, Middle Initial) Sattaria Dilks Mailing Address 1901 Rosedown Dr		Date of Receipt  M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City	State Zip Code	Transaction ID : C3220528
Lake Charles	LA 70605-9700	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer	Occupation	1
Self-Employed	Psychiatric Mental Health NP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 610.00	* In-Kind: In-Kind - Raffle Basket Donation
Full Name (Last, First, Middle Initial) Sattaria Dilks	,	Date of Receipt
Mailing Address 1901 Rosedown Dr		M = M / D = D / Y = Y = Y
City	State Zip Code	06 10 2015
Lake Charles	LA 70605-9700	Transaction ID : C3177706  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	140.00
Name of Employer Self-Employed	Occupation Psychiatric Mental Health NP	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 610.00	
Full Name (Last, First, Middle Initial)		Data of Bossint
Nancy Dirubbo  Mailing Address 184 Hickory Stick Ln		Date of Receipt  06 11 2015
City Laconia	State Zip Code NH 03246-2386	Transaction ID : C3178083  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Self	NP	
Receipt For:	Aggregate Year-to-Date ▼	]
Primary General Other (specify) ▼	500.00	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	LINE N	NUMBER:	PAGE	: 3	38	OF	•	143	
(checl	k only	one)							
X	11a	11c		12					
-	13	14		15		16			17

or for commercial purposes, other than us	ing the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION	N OF NURSE PRACTITIONERS POLI	ITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. Cynthia Drew		Date of Receipt
Mailing Address 2803 Fruitville Rd Apt 228		02 16 2015
City	State Zip Code	Transaction ID : C3176493
Sarasota	FL 34237-5344	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	1
Self Employed	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	435.00	
Full Name (Last, First, Middle Initial)  Cynthia Drew		Date of Receipt
Mailing Address 2803 Fruitville Rd		M = M / D = D / Y = Y = Y
Apt 228		03 29 2015
City	State Zip Code	Transaction ID : C3177413
Sarasota	FL 34237-5344	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer	Occupation	1
Self Employed	NP	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	435.00	
Full Name (Last, First, Middle Initial)  C. Cynthia Drew	<del></del>	Date of Receipt
Mailing Address 2803 Fruitville Rd		M = M / D = D / Y = Y = Y = Y
Apt 228 City	State Zip Code	06 02 2015 Transaction ID : C3166988
Sarasota	FL 34237-5344	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	-
Self Employed	NP	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	435.00	
SUBTOTAL of Receipts This Page (option	nal)	240.00
	<u> </u>	
TOTAL This Period (last page this line no	umber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOF	LINE	NU	MBER	PAGE	3	39	OF	143	
(che	ck only	or	ne)						
×	11a		11b	11c		12			
	13		14		15		16		17

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION (	OF NURSE PRACTITIONERS POLI	TICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. Cynthia Drew		Date of Receipt
Mailing Address 2803 Fruitville Rd		M = M / D = D / Y = Y = Y
Apt 228		06 02 2015
City	State Zip Code	Transaction ID : C3175865
Sarasota	FL 34237-5344	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	65.00
Name of Employer	Occupation	
Self Employed	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	435.00	
Full Name (Last, First, Middle Initial)  3. Cynthia Drew		Date of Receipt
Mailing Address 2803 Fruitville Rd		M M / D D / Y Y Y Y
Apt 228		06 13 2015
City	State Zip Code	Transaction ID : C3177475
Sarasota	FL 34237-5344	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	130.00
Name of Employer	Occupation	
Self Employed	NP	
Receipt For:		
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 435.00	
Full Name (Last, First, Middle Initial)  C. Pamela Dupont		Date of Receipt
Mailing Address 4266 W Main St Ste 100		06 10 2015
City	State Zip Code	Transaction ID : C3177967
Gray	LA 70359-6421	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Psychiatric Services	FNP	
Receipt For:		
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		445.00
TOTAL This Period (last page this line numb		

Use separate schedule(s) for each category of the Detailed Summary Page

	_	LINE	PAGE	 40	OF	143			
(0	che	ck only	or	ne)					
X 11a 11b						11c	12		
		13		14		15	16	,	17

or for commercial purposes, other than using	ng the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION	I OF NURSE PRACTITIONERS POL	ITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Christopher Earles		Date of Receipt
Mailing Address N. Hewitt Drive		05 08 2015
City	State Zip Code	Transaction ID : C3178016
Hewitt	TX 76643	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	260.00
Name of Employer	Occupation	-
Scott & White	FNP	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	410.00	
Full Name (Last, First, Middle Initial)  3. Christopher Earles	1	Date of Receipt
Mailing Address N. Hewitt Drive		06 08 _2015 _
City	State Zip Code	Transaction ID : C3177488
Hewitt	TX 76643	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	130.00
Name of Employer	Occupation	1
Scott & White	FNP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	
Full Name (Last, First, Middle Initial) C. Christopher Earles	'	Date of Receipt
Mailing Address N. Hewitt Drive		06 11 2015
City	State Zip Code	Transaction ID : C3166818
Hewitt	TX 76643	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	-
Scott & White	FNP	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	
Other (specify) ▼	410.00	
SUBTOTAL of Receipts This Page (option	nai)	410.00
TOTAL This Period (last page this line nu	mber only)	

_	LINE	PAGE	 11	OF	143			
(che	ck only							
X 11a 11b					11c	12		
	13		14		15	16	;	17

	· · · · · · · · · · · · · · · · · · ·	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OI	F NURSE PRACTITIONERS POL	ITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  . Cindy Edwards-Tuttle		Date of Receipt
Mailing Address 3617 Swallow Tail Ln		04 06 2015
City	State Zip Code	Transaction ID : C3178090
Sylvania	OH 43560-3591	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	_
ProMedica	NP	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	1085.00	
Full Name (Last, First, Middle Initial)  3. Cindy Edwards-Tuttle		Date of Receipt
Mailing Address 3617 Swallow Tail Ln		06 09 2015
City	State Zip Code	Transaction ID : C3166942
Sylvania	OH 43560-3591	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer ProMedica	Occupation NP	-
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	Aggregate Tear-to-Date V	
Full Name (Last, First, Middle Initial)  C. Cindy Edwards-Tuttle		Date of Receipt
Mailing Address 3617 Swallow Tail Ln		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C3175819
Sylvania	OH 43560-3591	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	65.00
Name of Employer	Occupation	-
ProMedica	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1085.00	
		585.00
<b>SUBTOTAL</b> of Receipts This Page (optional)	<b>.</b>	1 1 40 1 1 40 1 1 40

Use separate schedule(s) for each category of the **Detailed Summary Page** 

FO	R LINE	NUMBE	PAGE	42	OF	143	
(ch	eck only	one)					
>	<b>1</b> 1a	11c	1	2			
	13	14		15	1	6	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Cindy Edwards-Tuttle Date of Receipt Mailing Address 3617 Swallow Tail Ln 2015 City Zip Code State Transaction ID: C3178082 OH Sylvania 43560-3591 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation NP ProMedica Receipt For: Aggregate Year-to-Date ▼ Primary General 1085.00 Other (specify) Full Name (Last, First, Middle Initial) B. Elizabeth Ellis Date of Receipt Mailing Address 4308 County Road 126 06 2015 11 City State Zip Code Transaction ID: C3177962 TX **Bedias** 77831-9506 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Memorial Hermann Hospital NP Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Beverlee Furner Date of Receipt Mailing Address 1647 Gold St 06 2015 04 City Zip Code State Transaction ID: C3177466 ID Middleton 83644-5197 Amount of Each Receipt this Period FEC ID number of contributing 125.00 С federal political committee. Name of Employer Occupation Information Requested Information Requested Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) 875.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

Use separate schedule(s) for each category of the Detailed Summary Page

	_	LINE	_		PAGE	 13	OF	143	
(c	he	ck only	or	ne)					
X 11a 11b						11c	12		
		13		14		15	16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name (Last, First, Middle Initial)  Beverlee Furner  Mailing Address 1647 Gold St		Date of Receipt  04 19 2015
City	State Zip Code	Transaction ID : C3167040
Middleton	ID 83644-5197	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Information Requested	Information Requested	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  230.00	
Full Name (Last, First, Middle Initial)  Beverlee Furner	<u>'</u>	Date of Receipt
Mailing Address 1647 Gold St		M = M / D = D / Y = Y = Y
City	State Zip Code	04 19 2015
Middleton	ID 83644-5197	Transaction ID : C3175968  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	65.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  230.00	
Full Name (Last, First, Middle Initial)	1	
Beverlee Furner		Date of Receipt
Mailing Address 1647 Gold St  City	State Zip Code	06 12 2015
Middleton	ID 83644-5197	Transaction ID : C3166688  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Information Requested	Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	230.00	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:							PAGE		14	OF	•	143
	(check only one)											
		X	11a		11b		11c		12			
			13		14		15		16			17

or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION C	PF NURSE PRACTITIONERS POLI	TICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  1. Donald Gardenier		Date of Receipt
Mailing Address 2621 Palisade Ave Apt 3D		01 15 2015
City	State Zip Code	Transaction ID : C3178095
Bronx	NY 10463-6108	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Icahn School of Medicine at MS	FNP/Faculty	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	
Full Name (Last, First, Middle Initial)  3. Donald Gardenier		Date of Receipt
Mailing Address 2621 Palisade Ave Apt 3D		03 29 2015
City	State Zip Code	Transaction ID : C3176417
Bronx	NY 10463-6108	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Icahn School of Medicine at MS	FNP/Faculty	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	
Full Name (Last, First, Middle Initial)  C. Donald Gardenier		Date of Receipt
Mailing Address 2621 Palisade Ave Apt 3D		04 08 2015
City	State Zip Code	Transaction ID : C3167049
Bronx	NY 10463-6108	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Icahn School of Medicine at MS	FNP/Faculty	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	960.00	
SUBTOTAL of Receipts This Page (optional).	· · · · · · · · · · · · · · · · · · ·	620.00
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	LINE	:	PAGE	_ 4	15	OF	•	143		
(check only one)										
X	11a [		11b		11c		12			
	13		14		15		16			17

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	NURSE PRACTITIONERS POLIT	FICAL ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Donald Gardenier		Date of Receipt
	Mailing Address 2621 Palisade Ave Apt 3D		06 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Bronx	State Zip Code NY 10463-6108	Transaction ID : C3175845  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	65.00
	Name of Employer	Occupation	
	Icahn School of Medicine at MS	FNP/Faculty	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	
В.	Full Name (Last, First, Middle Initial)  Donald Gardenier		Date of Receipt
	Mailing Address 2621 Palisade Ave Apt 3D		06 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code NY 10463-6108	Transaction ID : C3220546
	Bronx	NY 10463-6108	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70.00
	Name of Employer Icahn School of Medicine at MS	Occupation FNP/Faculty	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	* In-Kind: In-Kind - Raffle Basket Donation
<u> </u>	Full Name (Last, First, Middle Initial)  Donald Gardenier		Date of Receipt
	Mailing Address 2621 Palisade Ave Apt 3D		06 09 2015
	City	State Zip Code NY 10463-6108	Transaction ID : C3220548
	FEC ID number of contributing federal political committee.	NY 10463-6108	Amount of Each Receipt this Period 55.00
	Name of Employer	Occupation	
	Icahn School of Medicine at MS	FNP/Faculty	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General  Other (specify) ▼	960.00	* In-Kind: In-Kind - Raffle Basket Donation
s	UBTOTAL of Receipts This Page (optional)		190.00
т	OTAL This Period (last page this line number o	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	R LINE	:	PAGE	_ 4	46	OF		143				
(che	(check only one)											
×	11a		11b		11c		12					
	13		14		15		16	;		17		

or for commercial purposes, other than using	g the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION	OF NURSE PRACTITIONERS POL	ITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  1. Donald Gardenier		Date of Receipt
Mailing Address 2621 Palisade Ave Apt 3D		06 09 2015
City Bronx	State Zip Code NY 10463-6108	Transaction ID : C3220551  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Icahn School of Medicine at MS	Occupation FNP/Faculty	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	* In-Kind: In-Kind - Raffle Basket Donation
Full Name (Last, First, Middle Initial)  Donald Gardenier	'	Date of Receipt
Mailing Address 2621 Palisade Ave Apt 3D City	06 11 2015 Transaction ID : C3176255	
Bronx	State Zip Code NY 10463-6108	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer Icahn School of Medicine at MS	Occupation FNP/Faculty	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	
Full Name (Last, First, Middle Initial)  C. Angela Golden		Date of Receipt
Mailing Address PO Box 25959		02 14 2015
City Munds Park	State Zip Code AZ 86017-5959	Transaction ID : C3178094  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer  NP from Home, LLC	Occupation NP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	ıl)	650.00
TOTAL This Period (last page this line num	nber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

ı	FOR	LINE	PAGE	_ 4	17	OF	•	143				
ı	(check only one)											
	X	11a		11b		11c		12				
		13		14		15		16			17	

or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION O	F NURSE PRACTITIONERS POLI	TICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Angela Golden		Date of Receipt
Mailing Address PO Box 25959		03 28 2015
City Munda Park	State Zip Code	Transaction ID : C3177422
Munds Park	AZ 86017-5959	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer	Occupation	
NP from Home, LLC	NP	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify)   General	1000.00	
Full Name (Last, First, Middle Initial)  3. Angela Golden		Date of Receipt
Mailing Address PO Box 25959		04 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C3175985
Munds Park	AZ 86017-5959	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	65.00
Name of Employer	Occupation	
NP from Home, LLC	NP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)  C. Angela Golden		Date of Receipt
Mailing Address PO Box 25959		05 27 2015
City Munds Park	State Zip Code AZ 86017-5959	Transaction ID : C3177521  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	130.00
Name of Employer	Occupation	
NP from Home, LLC	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		315.00
TOTAL This Period (last page this line numbe	<u>^</u> _	

Use separate schedule(s) for each category of the Detailed Summary Page

FO	PAGE		48 C	)F	143					
(check only one)										
>	11a		11b		11c		12			
	13		14		15		16		17	

or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION C	F NURSE PRACTITIONERS POLI	TICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. Angela Golden		Date of Receipt
Mailing Address PO Box 25959		06 09 2015
City	State Zip Code	Transaction ID : C3220519
Munds Park	AZ 86017-5959	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	
NP from Home, LLC	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1000.00	* In-Kind: In-Kind - Raffle Basket Donation
Full Name (Last, First, Middle Initial)  3. Angela Golden		Date of Receipt
Mailing Address PO Box 25959		06 12 2015
City	State Zip Code	Transaction ID: C3166527
Munds Park	AZ 86017-5959	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer	Occupation	
NP from Home, LLC	NP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)  C. Angela Golden		Date of Receipt
Mailing Address PO Box 25959		06 12 2015
City	State Zip Code	Transaction ID : C3166727
Munds Park	AZ 86017-5959	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
NP from Home, LLC	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional).	•	185.00
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOF	LINE	PAGE	_ 4	19	OF		143				
(che	(check only one)										
X	11a		11b		11c		12				
	13		14		15		16	;		17	

or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION C	F NURSE PRACTITIONERS POLI	TICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Veronica Gutchell  Mailing Address 11261 Slalom Ln		Date of Receipt
Unit A City Columbia	State Zip Code MD 21044-2965	01 19 2015  Transaction ID : C3176520  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer University of Maryland	Occupation NP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Veronica Gutchell  Mailing Address 11261 Slalom Ln		Date of Receipt
Unit A City Columbia	State Zip Code MD 21044-2965	03 30 2015  Transaction ID : C3177715  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer University of Maryland	Occupation NP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Cayle Harrell		Date of Receipt
Mailing Address 1260 Barker Rd  City	State Zip Code	04 08 2015
Pelahatchie	MS 39145-4031	Transaction ID : C3176376  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Baptist Wound Center  Receipt For:  Primary General  Other (specify) ▼	FNP Aggregate Year-to-Date ▼ 220.00	
SUBTOTAL of Receipts This Page (optional).	<b>•</b>	350.00
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

	-		_	MBER	:	PAGE	: 5	50	OF	143
(c	he	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16	,	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name (Last, First, Middle Initial)  Gayle Harrell  Mailing Address 1260 Barker Rd		Date of Receipt  06 10 2015
City	State Zip Code	Transaction ID : C3177402
Pelahatchie	MS 39145-4031	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	120.00
Name of Employer	Occupation	
Baptist Wound Center	FNP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  220.00	
Full Name (Last, First, Middle Initial) Kimberly Hastings	'	Date of Receipt
Mailing Address 100 Nueces River Trl		M = M / D = D / Y = Y = Y
City	State Zip Code	05 20 2015
Hutto	TX 78634-2001	Transaction ID : C3167004  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Seton Medical Center	RN-FNP Student	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  220.00	
Full Name (Last, First, Middle Initial)	<u>'</u>	
Kimberly Hastings		Date of Receipt
Mailing Address 100 Nueces River Trl  City	State Zip Code	05 20 2015
Hutto	TX 78634-2001	Transaction ID : C3175897  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	65.00
Name of Employer	Occupation	
Seton Medical Center	RN-FNP Student	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	220.00	

Use separate schedule(s) for each category of the Detailed Summary Page

	-		_	MBER	:	PAGE	: 5	51	OF	143
(c	he	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16	;	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name (Last, First, Middle Initia Kimberly Hastings Mailing Address 100 Nueces River	,	Date of Receipt  05 28 2015
City	State Zip Code	Transaction ID : C3175882
Hutto	TX 78634-2001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	65.00
Name of Employer	Occupation	-
Seton Medical Center	RN-FNP Student	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  220.00	
Full Name (Last, First, Middle Initia Kimberly Hastings	,	Date of Receipt
Mailing Address 100 Nueces River	ГгІ	M = M / D = D / Y = Y = Y
City	State Zip Code	06 09 2015
Hutto	TX 78634-2001	Transaction ID : C3165257
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5.00
Name of Employer	Occupation	1
Seton Medical Center	RN-FNP Student	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼  220.00	
Full Name (Last, First, Middle Initia	l)	Date of Receipt
Kimberly Hastings  Mailing Address 100 Nueces River	T <sub>el</sub>	Date of Receipt
Too Nueces River	III	06 19 _2015 _
City	State Zip Code	Transaction ID : C3175788
Hutto	TX 78634-2001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	65.00
Name of Employer	Occupation	-
Seton Medical Center	RN-FNP Student	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	30 0	
Other (specify) ▼	220.00	

Use separate schedule(s) for each category of the Detailed Summary Page

_	LINE	_		:	PAGE	 52	OF	143
(che	ck only	or	ne)					
X	11a		11b		11c	12		
	13		14		15	16		17

or for commercial purposes, other than using t	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION C	OF NURSE PRACTITIONERS POLI	TICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. Kathleen Haycraft		Date of Receipt
Mailing Address 300 Lovers Leap Rd		04 06 2015
City	State Zip Code	Transaction ID : C3178121
Hannibal	MO 63401-5227	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
RIVERSIDE DERMATOLOGY	FNP, DCNP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1100.00	
Full Name (Last, First, Middle Initial)  Kathleen Haycraft		Date of Receipt
Mailing Address 300 Lovers Leap Rd		06 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C3176217
Hannibal	MO 63401-5227	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
RIVERSIDE DERMATOLOGY	FNP, DCNP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial)  Mary Healy		Date of Receipt
Mailing Address 2255 Datura St		01 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sarasota	State Zip Code FL 34239-3914	Transaction ID : C3177719  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	
Heart & Vascular Center	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional).	····	1250.00
TOTAL This Period (last page this line number	<u> </u>	

Use separate schedule(s) for each category of the Detailed Summary Page

	-		_	MBER	:	PAGE	: 5	53	OF	 143
(c	he	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16	,	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Mary Healy Date of Receipt Mailing Address 2255 Datura St 10 2015 City State Zip Code Transaction ID: C3176316 FL Sarasota 34239-3914 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer Occupation Heart & Vascular Center NP Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** David Hebert Date of Receipt Mailing Address 225 Reinekers Ln Ste 525 04 06 2015 City State Zip Code Transaction ID: C3178091 VA Alexandria 22314-2880 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation **AANP** CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name (Last, First, Middle Initial) c. David Hebert Date of Receipt Mailing Address 225 Reinekers Ln 09 2015 06 Ste 525 City State Zip Code Transaction ID: C3220513 VA Alexandria 22314-2880 Amount of Each Receipt this Period FEC ID number of contributing 400.00 С federal political committee. Name of Employer Occupation AANP CEO Receipt For: Aggregate Year-to-Date ▼ Primary General \* In-Kind: In-Kind - Raffle Basket Donation 900.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOI	R LINE	NUMBER	₹:	PAGE	 54 OF	- 1	143
(che	eck only	one)					
×	11a	11b		11c	12		
	13	14		15	16		17

	e name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION O	F NURSE PRACTITIONERS POL	ITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Meredith Heyde		Date of Receipt
Mailing Address 105 Quail Ridge Dr	Otata 7in Oada	03 29 2015
City Simpsonville	State Zip Code SC 29680-6606	Transaction ID : C3177419  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	120.00
Name of Employer	Occupation	
Optum/United Health Group Receipt For:	FNP	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  445.00	
Full Name (Last, First, Middle Initial)  Meredith Heyde		Date of Receipt
Mailing Address 105 Quail Ridge Dr		06 02 2015
City	State Zip Code	Transaction ID : C3175863
Simpsonville	SC 29680-6606	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	65.00
Name of Employer Optum/United Health Group	Occupation FNP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 445.00	
Full Name (Last, First, Middle Initial)  Meredith Heyde		Date of Receipt
Mailing Address 105 Quail Ridge Dr		06 10 2015
City Simpsonville	State Zip Code SC 29680-6606	Transaction ID : C3177952
<u>·</u>		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	240.00
Name of Employer	Occupation	-
Optum/United Health Group	FNP	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	445.00	
SUBTOTAL of Receipts This Page (optional)		425.00
TOTAL This Period (last page this line number	( only)	

			_	MBER	:	PAGE	: 5	55	OF	 143
(c	he	ck only	or	ne)						
[	X	11a		11b		11c		12		
		13		14		15		16	,	17

City State Zip Code Simpsonville SC 29680-6606  FEC ID number of contributing federal political committee.  Name of Employer Optum/United Health Group  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  Leann Holmes  Mailing Address 5339 Roose St	2015
Mailing Address 105 Quail Ridge Dr  City Simpsonville  SC 29680-6606  FEC ID number of contributing federal political committee.  Name of Employer Other (specify) ▼  Full Name (Last, First, Middle Initial)  Leann Holmes  Mailing Address 5339 Roose St  City State  Zip Code Transaction ID: C3166716  Amount of Each Receipt this  C  Aggregate Year-to-Date ▼  Transaction ID: C3166716  Amount of Each Receipt this  Date of Receipt this  Date of Receipt this  Date of Receipt this  FNP  Bate of Receipt this  C  Transaction ID: C3174980  Amount of Each Receipt this  C  Transaction ID: C3174980  Amount of Each Receipt this  C  Transaction ID: C3174980  Amount of Each Receipt this  C  Transaction ID: C3174980  Amount of Each Receipt this  C  Transaction ID: C3174980  Amount of Each Receipt this  C  Receipt For:  Primary General  Aggregate Year-to-Date ▼	Period
City State Zip Code SC 29680-6606  FEC ID number of contributing federal political committee.  Name of Employer Optum/United Health Group Receipt For:  Primary General Other (specify) ▼  City State Zip Code Transaction ID : C3166716  Amount of Each Receipt this  Date of Receipt For:  Aggregate Year-to-Date ▼  Transaction ID : C3166716  Amount of Each Receipt this  Date of Receipt  Date of Receipt  Transaction ID : C3174980  Date of Receipt  Transaction ID : C3174980  Date of Receipt  Date of Receipt  Transaction ID : C3174980  Date of Receipt  Transaction ID : C3174980  Date of Receipt  Date of Receipt  Transaction ID : C3174980  Date of Receipt  Transaction ID : C3174980  Amount of Each Receipt this  Transaction ID : C3174980  Amount of Each Receipt this  Date of Receipt  Transaction ID : C3174980  Amount of Each Receipt this  Transaction ID : C3174980  Amount of Each Receipt this  Amount of Each Receipt this  Amount of Each Receipt this	Period
Simpsonville  SC 29680-6606  Amount of Each Receipt this  FEC ID number of contributing federal political committee.  Name of Employer  Optum/United Health Group  Receipt For:  Primary General  Other (specify) ▼  City  Lincoln  FEC ID number of contributing federal political committee.  NE 68506-2675  Name of Employer  CVS Minute Clinic  NP  Receipt For:  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID : C3174980  Amount of Each Receipt this  C  Aggregate Year-to-Date ▼  Occupation  NP  Aggregate Year-to-Date ▼	
FEC ID number of contributing federal political committee.  Name of Employer Optum/United Health Group Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Pull Name (Last, First, Middle Initial)  Leann Holmes  Mailing Address 5339 Roose St  City State Zip Code Lincoln  FEC ID number of contributing federal political committee.  Name of Employer CVS Minute Clinic  Receipt For:  Primary General  Aggregate Year-to-Date ▼  Transaction ID : C3174980  Amount of Each Receipt this	
Receipt For:    Primary	20.00
Optum/United Health Group Receipt For:    Primary   General     Other (specify) ▼	
Receipt For:    Primary   General   Other (specify) ▼	
Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial)  Leann Holmes  Mailing Address 5339 Roose St  City State Zip Code Lincoln NE 68506-2675  FEC ID number of contributing federal political committee.  Name of Employer CVS Minute Clinic  Receipt For: Primary General  Date of Receipt  M M / D D / Y D D / Y D D / Y D D D D	
Leann Holmes  Mailing Address 5339 Roose St  City State Zip Code Lincoln NE 68506-2675  FEC ID number of contributing federal political committee.  Name of Employer CVS Minute Clinic  Receipt For: Primary General  Date of Receipt  M M M O 08 2  Transaction ID: C3174980  Amount of Each Receipt this	
City State Zip Code Lincoln NE 68506-2675  FEC ID number of contributing federal political committee.  Name of Employer CVS Minute Clinic  Receipt For:  Primary General  O4 08 2  Transaction ID : C3174980  Amount of Each Receipt this	
City State Zip Code Transaction ID : C3174980   Lincoln NE 68506-2675 Amount of Each Receipt this   FEC ID number of contributing federal political committee. C   Name of Employer CVS Minute Clinic Occupation NP   Receipt For: Aggregate Year-to-Date ▼	015
FEC ID number of contributing federal political committee.  Name of Employer CVS Minute Clinic  Receipt For:  Primary  General  Amount of Each fleespt this	
Name of Employer  CVS Minute Clinic  Receipt For:  Primary  General  Occupation  NP  Aggregate Year-to-Date ▼	Period
CVS Minute Clinic  Receipt For:  Primary  General  Aggregate Year-to-Date ▼	50.00
Primary General Aggregate Teal-to-Date V	
Full Name (Last, First, Middle Initial)  Leann Holmes  Date of Receipt	
Mailing Address 5339 Roose St	015
City State Zip Code Transaction ID : C3220533	
Lincoln NE 68506-2675 Amount of Each Receipt this	Period
FEC ID number of contributing federal political committee.	100.00
Name of Employer Occupation	
CVS Minute Clinic NP	
Receipt For:  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼  * In-Kind: In-Kind - Raffle Baske	
SUBTOTAL of Receipts This Page (optional)	t Donation
TOTAL This Period (last page this line number only)	t Donation

Use separate schedule(s) for each category of the Detailed Summary Page

FOR I	PAGE	. 5	6	OF	•	143			
(check	eck only one)								
X 1	1a	11b		11c		12			
1	3	14		15		16			17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION (	OF NURSE PRACTITIONERS POLI	TICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Leann Holmes		Date of Receipt
Mailing Address 5339 Roose St		06 12 / Y = Y = Y = Y
City	State Zip Code	Transaction ID : C3176243
Lincoln	NE 68506-2675	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
CVS Minute Clinic	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Sue Hoyt		Date of Receipt
Mailing Address 211 Dahlia Ave		M = M / D = D / Y = Y = Y
Apt L		04 13 2015
City	State Zip Code	Transaction ID : C3176371
Imperial Beach	CA 91932-1944	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer St. Mary Medical Center	Occupation NP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)  C. Sue Hoyt		Date of Receipt
Mailing Address 211 Dahlia Ave Apt L		04 13 2015
City	State Zip Code	Transaction ID : C3176372
Imperial Beach	CA 91932-1944	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	1
St. Mary Medical Center	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	300.00
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER:						PAGE		57 (	)F	143	
	(che	(check only one)									
	×	11a		11b		11c		12			
		13		14		15		16		17	

	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	NURSE PRACTITIONERS POLI	ITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Sue Hoyt  Mailing Address 211 Dahlia Ave  Apt L  City	State Zip Code	Date of Receipt  M M M / D D / Y D Y D Y D D Y D D D D D D D D
Imperial Beach	CA 91932-1944	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
St. Mary Medical Center Receipt For:	NP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  300.00	
Full Name (Last, First, Middle Initial)  3. Marianne Hurley		Date of Receipt
Mailing Address 170 Silver Lake Ave		01 20 _2015 _
City Wakefield	State Zip Code RI 02879-4224	Transaction ID : C3176516  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Univ Medicine/Geriatrics	Occupation GNP/Faculty	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  385.00	
Full Name (Last, First, Middle Initial)  Marianne Hurley	ı	Date of Receipt
Mailing Address 170 Silver Lake Ave		03 29 2015
City Wakefield	State Zip Code RI 02879-4224	Transaction ID : C3167082  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	-
Univ Medicine/Geriatrics	GNP/Faculty	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	385.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	220.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER:						PAGE	 58	OF	143
	(che	ck only	or	ne)					
	×	11a		11b		11c	12		
		13		14		15	16		17

or for commercial purposes, other than using	ng the name and address of any political committee	
/	OF NURSE PRACTITIONERS POL	LITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Marianne Hurley		Date of Receipt
Mailing Address 170 Silver Lake Ave	<u></u>	03 29 2015
City Wakefield	State Zip Code RI 02879-4224	Transaction ID : C3176427
	1/1 020/9-4224	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	
Univ Medicine/Geriatrics	GNP/Faculty	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	385.00	
Full Name (Last, First, Middle Initial)  Marianne Hurley	'	Date of Receipt
Mailing Address 170 Silver Lake Ave		M = M / D = D / Y = Y = Y
City	State Zip Code	06 03 2015
Wakefield	RI 02879-4224	Transaction ID : C3175849  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	65.00
Name of Employer	Occupation	-
Univ Medicine/Geriatrics	GNP/Faculty	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  385.00	
Full Name (Last, First, Middle Initial)  C. Marianne Hurley	I.	Date of Receipt
Mailing Address 170 Silver Lake Ave		06 10 _2015
City	State Zip Code	Transaction ID : C3176311
Wakefield	RI 02879-4224	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Univ Medicine/Geriatrics	GNP/Faculty	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	385.00	
SUBTOTAL of Receipts This Page (option	al)	265.00
F12 2 202 (epiter)	· · · · · · · · · · · · · · · · · · ·	
TOTAL This Period (last page this line nur	mber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

	FOR LINE NUMBER:						PAGE	: 5	59	OF	 143
(check only one)											
		X	11a		11b		11c		12		
			13		14		15		16	,	17

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	NURSE PRACTITIONERS POLITION	TICAL ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Julia James		Date of Receipt
	Mailing Address PO Box 127  129 S Main St	Otata 7:n Code	06 09 2015
	City Clio	State Zip Code SC 29525-0127	Transaction ID : C3177487  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	130.00
	Name of Employer Clio Health	Occupation FNP	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1075.00	
В.	Full Name (Last, First, Middle Initial) Julia James		Date of Receipt
	Mailing Address PO Box 127  129 S Main St  City	State Zip Code	06 10 2015 Transaction ID : C3165199
	Clio	SC 29525-0127	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	5.00
	Name of Employer Clio Health	Occupation FNP	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1075.00	
<u> </u>	Full Name (Last, First, Middle Initial)  Julia James		Date of Receipt
	Mailing Address PO Box 127 129 S Main St		06 10 2015
	City Clio	State Zip Code SC 29525-0127	Transaction ID : C3177403  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	120.00
	Name of Employer	Occupation	
	Clio Health Receipt For:	FNP	
	Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	1075.00	
s	SUBTOTAL of Receipts This Page (optional)		255.00
Т	OTAL This Period (last page this line number of	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:							PAGE		60	OF	•	143
	(0	(check only one)										
		X	11a		11b		11c		12			
			13		14		15		16	,		17

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION C	OF NURSE PRACTITIONERS POLI	TICAL ACTION COMMITTEE					
Full Name (Last, First, Middle Initial)  1. Julia James		Date of Receipt					
Mailing Address PO Box 127		M = M / D = D / Y = Y = Y					
129 S Main St		06 11 2015					
City	State Zip Code	Transaction ID: C3166833					
Clio	SC 29525-0127	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	20.00					
Name of Employer	Occupation						
Clio Health	FNP						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General  Other (specify) ▼	1075.00						
Full Name (Last, First, Middle Initial)  3. Julia James		Date of Receipt					
Mailing Address PO Box 127		M = M / D = D / Y = Y = Y					
129 S Main St		06 12 2015					
City	State Zip Code	Transaction ID : C3176218					
Clio	SC 29525-0127	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer	Occupation						
Clio Health	FNP						
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1075.00						
Full Name (Last, First, Middle Initial)  C. Julia James		Date of Receipt					
Mailing Address PO Box 127 129 S Main St		06 12 2015					
City	State Zip Code	Transaction ID : C3176221					
Clio	SC 29525-0127	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer	Occupation						
Clio Health	FNP						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General							
Other (specify) ▼	1075.00						
SUBTOTAL of Receipts This Page (optional).	<u> </u>	220.00					
TOTAL This Period (last page this line numb	er only)						

Use separate schedule(s) for each category of the Detailed Summary Page

		LINE	PAGE	- 6	31	OF	143			
(0	che	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION C	OF NURSE PRACTITIONERS POLI	TICAL ACTION COMMITTEE					
Full Name (Last, First, Middle Initial)  1. Julia James		Date of Receipt					
Mailing Address PO Box 127  129 S Main St  City	State Zip Code	06 12 2015 Transaction ID : C3176225					
Clio	SC 29525-0127	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	100.00					
Name of Employer Clio Health	Occupation FNP						
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1075.00						
Full Name (Last, First, Middle Initial)  Julia James  Mailing Address DO Bay 497		Date of Receipt					
129 S Main St City Clio	State Zip Code						
FEC ID number of contributing federal political committee.	C 23323-0127	Amount of Each Receipt this Period 500.00					
Name of Employer Clio Health	Occupation FNP						
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1075.00						
Full Name (Last, First, Middle Initial)  . Herndon Jeansonne		Date of Receipt					
Mailing Address 1007 Sycamore St		03 28 2015					
City Cottonport	State Zip Code LA 71327-3403	Transaction ID : C3177423  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	120.00					
Name of Employer  Self  Receipt For:  Primary General  Other (specify) ▼	Occupation NP  Aggregate Year-to-Date ▼  1250.00						
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	720.00					
TOTAL This Period (last page this line number	er only)						

Use separate schedule(s) for each category of the **Detailed Summary Page** 

FO	R LINE	NUMBE	PAGE	62	OF	143	
(ch	eck only	one)					
>	<b>1</b> 1a	11b		11c	1:	2	
	13	14		15	1	6	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Herndon Jeansonne Date of Receipt Mailing Address 1007 Sycamore St 04 2015 City State Zip Code Transaction ID: C3178120 Cottonport LA 71327-3403 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation NP Self Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Herndon Jeansonne Date of Receipt Mailing Address 1007 Sycamore St 05 07 2015 City State Zip Code Transaction ID: C3177547 LA Cottonport 71327-3403 Amount of Each Receipt this Period FEC ID number of contributing 130.00 federal political committee. Name of Employer Occupation Self NP Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Margaret Johnson Date of Receipt Mailing Address 1501 Alpine Dr 2015 04 10 City State Zip Code Transaction ID: C3176173 SC West Columbia 29169-6005 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation **SCDMH** NΡ Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) 1210.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR	PAGE	. (	33	OF	•	143				
(chec	k only	on	ıe)							
X	11a [		11b		11c		12			
	13		14		15		16			17

	g the name and address of any political committee t	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION	OF NURSE PRACTITIONERS POL	ITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Margaret Johnson  Mailing Address 1501 Alpine Dr		Date of Receipt  04 10 2015
City West Columbia  FEC ID number of contributing federal political committee.	State Zip Code SC 29169-6005	Transaction ID : C3178017  Amount of Each Receipt this Period  260.00
Name of Employer  SCDMH  Receipt For:  Primary General  Other (specify) ▼	Occupation NP  Aggregate Year-to-Date ▼  340.00	
Full Name (Last, First, Middle Initial)  Catherine Jones  Mailing Address 5057 Copperglen Cir		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Colleyville  FEC ID number of contributing federal political committee.	State Zip Code TX 76034-4808	Transaction ID : C3177964  Amount of Each Receipt this Period  250.00
Name of Employer  TX Pulmonary and CC Consult  Receipt For:  Primary General  Other (specify) ▼	Occupation NP  Aggregate Year-to-Date ▼  250.00	-
Full Name (Last, First, Middle Initial) Christina Keil Mailing Address 2419 Bowie Ln  City Grapevine  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code TX 76051-8013  C	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Marathon Health Receipt For:  Primary General  Other (specify) ▼	NP Aggregate Year-to-Date ▼  250.00	_
SUBTOTAL of Receipts This Page (optional	nl)	760.00
TOTAL This Period (last page this line num	nber only)	

FOR	PAGE	. (	64	OF	•	143				
(chec	k only	on	ıe)							
X	11a [		11b		11c		12			
	13		14		15		16			17

or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	the name and address of any political committee to	to solicit contributions from such committee.
	OF NURSE PRACTITIONERS POL	ITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Katherine Kenny		Date of Receipt
Mailing Address 6026 N 5th PI		01 01 2015
City	State Zip Code	Transaction ID : C3178096
Phoenix	AZ 85012-1278	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Arizona State University	NP, Assistant Dean	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  3. Karen Ketner	•	Date of Receipt
Mailing Address 5877 Pistoia Way		03 04 2015
City	State Zip Code	Transaction ID : C3168599
San Jose	CA 95138-2352	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	1
Kaiser Permanente	NP	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 5877 Pistoia Way		04 06 2015
City	State Zip Code	Transaction ID : C3168288
San Jose	CA 95138-2352	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	-
Kaiser Permanente	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
SUBTOTAL of Receipts This Page (optional	) <b>\</b>	550.00
TOTAL This Period (last page this line number)	<u>`</u>	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LIN	IE NU	PAGE	. (	35	OF	•	143		
(check o	nly on	ie)							
<b>X</b> 11a		11b		11c		12			
13		14		15		16			17

or for commercial purposes, other than us	sing the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATIO	N OF NURSE PRACTITIONERS POL	ITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. Karen Ketner		Date of Receipt
Mailing Address 5877 Pistoia Way		05 26 2015
City	State Zip Code	Transaction ID : C3175887
San Jose	CA 95138-2352	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	65.00
Name of Employer	Occupation	-
Kaiser Permanente	NP	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial)  3. Karen Ketner	1	Date of Receipt
Mailing Address 5877 Pistoia Way		M M / D D / Y Y Y Y
		06 09 2015
City	State Zip Code	Transaction ID : C3220525
San Jose	CA 95138-2352	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	-
Kaiser Permanente	NP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  240.00	* In-Kind: In-Kind - Raffle Basket Donation
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 52 Poplar Ave		01 07 2015
City	State Zip Code	Transaction ID : C3176529
Fair Haven	NJ 07704-3026	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	-
Monmouth University	NP	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	285.00	
SUBTOTAL of Receipts This Page (option	onal)	290.00
TOTAL This Period (last page this line of	number only)	
	••••••••••••••••••••••••••••••••••••••	

FOR	LINE	NU	MBER	PAGE	66 OF	=	143	
(che	ck only	or	ne)					
×	11a		11b		11c	12		
	13		14		15	16		17

	ng the name and address of any political committee	
	N OF NURSE PRACTITIONERS POL	LITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Rose Knapp		Date of Receipt
Mailing Address 52 Poplar Ave		01 13 2015
City Fair Haven	State Zip Code NJ 07704-3026	Transaction ID : C3176525
	NJ 07704-3020	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Monmouth University	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	285.00	
Full Name (Last, First, Middle Initial)  Rose Knapp	•	Date of Receipt
Mailing Address 52 Poplar Ave		06 02 2015
City	State Zip Code	Transaction ID : C3166987
Fair Haven	NJ 07704-3026	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Monmouth University	Occupation NP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  285.00	
Full Name (Last, First, Middle Initial)  C. Rose Knapp		Date of Receipt
Mailing Address 52 Poplar Ave		06 02 2015
City	State Zip Code	Transaction ID : C3175860
Fair Haven	NJ 07704-3026	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	65.00
Name of Employer	Occupation	
Monmouth University	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	285.00	
SUBTOTAL of Receipts This Page (option	nal)	185.00
	<u> </u>	
TOTAL This Period (last page this line nu	ımber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	LINE 1	NUMBER	PAGE	. 6	67	OF	•	143	
(chec	k only	one)							
X	11a [	11b		11c		12			
	13	14		15		16			17

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.				
$\rangle$	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	NURSE PRACTITIONERS POLI	TICAL ACTION COMMITTEE				
۹.	Full Name (Last, First, Middle Initial) Joyce Knestrick Mailing Address 801 Alamae Lakes Rd		Date of Receipt				
	City	State Zip Code	01 02 2015 Transaction ID : C3169348				
	Washington FEC ID number of contributing federal political committee.	PA 15301-9150	Amount of Each Receipt this Period 25.00				
	Name of Employer  Georgetown University	Occupation Associate Professor					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1005.00					
3.	Full Name (Last, First, Middle Initial)  Joyce Knestrick  Mailing Address 801 Alamae Lakes Rd		Date of Receipt				
	City Washington	State Zip Code PA 15301-9150	03 29 2015  Transaction ID : C3178117  Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	980.00				
	Name of Employer Georgetown University Receipt For:	Occupation Associate Professor  Aggregate Year-to-Date ▼					
	Primary General  Other (specify) ▼	1005.00					
С.	Full Name (Last, First, Middle Initial)  Michelle Knowles		Date of Receipt				
	Mailing Address 1551 220th Ave  City	State Zip Code	01 04 2015				
	Hays	KS 67601-9306	Transaction ID : C3169159  Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	25.00				
	Name of Employer Veterans Administration	Occupation APRN					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00					
s	UBTOTAL of Receipts This Page (optional)		1030.00				
т	OTAL This Period (last page this line number of	only)					

Use separate schedule(s) for each category of the Detailed Summary Page

FOR I	LINE N	PAGE	. 6	88	OF	•	143		
(check	conly o	one)							
X 1	I1a	11b		11c		12			
1	13	14		15		16			17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than usi	ng the name and address of any political committee to	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION	OF NURSE PRACTITIONERS POLI	TICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Michelle Knowles		Date of Receipt
Mailing Address 1551 220th Ave		05 13 2015
City	State Zip Code	Transaction ID : C3167017
Hays	KS 67601-9306	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Veterans Administration	APRN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Michelle Knowles	'	Date of Receipt
Mailing Address 1551 220th Ave		05 13 2015
City	State Zip Code	Transaction ID : C3175917
Hays	KS 67601-9306	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	65.00
Name of Employer	Occupation	
Veterans Administration	APRN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)		
Mailing Address 1551 220th Ave		Date of Receipt
maining Address 1951 ZZUth Ave		06 10 _2015 _
City	State Zip Code	Transaction ID : C3174742
Hays	KS 67601-9306	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
Veterans Administration	APRN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (ontion	nal)	125.00
	<u> </u>	
OTAL This Period (last page this line nu	mber only)	1

Use separate schedule(s) for each category of the Detailed Summary Page

FC	R LINE	E NU	MBER	:	PAGE	. (	69	OF	•	143
(ch	neck on	ly or	ne)							
>	<b>K</b> 11a		11b		11c		12			
	13		14		15		16			17

or for co	ommercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
	E OF COMMITTEE (In Full) ERICAN ASSOCIATION OF	NURSE PRACTITIONERS POLIT	FICAL ACTION COMMITTEE
A. Micl	Name (Last, First, Middle Initial) helle Knowles		Date of Receipt
	ng Address 1551 220th Ave	7.0	06 10 7 9 9 9 9
City Hays	:	State Zip Code KS 67601-9306	Transaction ID : C3176313  Amount of Each Receipt this Period
	ID number of contributing al political committee.	C	100.00
	e of Employer ans Administration	Occupation APRN	
Recei	ipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
3. Deir	Name (Last, First, Middle Initial) rdre Krause		Date of Receipt
	ng Address 13283 Marcella Blvd		05 18 2015
City Loxal	hatchee	State Zip Code FL 33470-4965	Transaction ID : C3167007  Amount of Each Receipt this Period
	ID number of contributing al political committee.	C	20.00
NOVA	e of Employer A Southeastern University	Occupation Assoc. Professor	
	pt For: Primary	Aggregate Year-to-Date ▼  285.00	
	Name (Last, First, Middle Initial)		Date of Receipt
Mailin	ng Address 13283 Marcella Blvd		05 18 _ 2015 _
City Loxa	hatchee	State Zip Code FL 33470-4965	Transaction ID : C3175906  Amount of Each Receipt this Period
	ID number of contributing al political committee.	C	65.00
	e of Employer A Southeastern University	Occupation Assoc. Professor	
Recei	opt For: Primary	Aggregate Year-to-Date ▼  285.00	
SUBTO	TAL of Receipts This Page (optional)		185.00
		nly)	

FOR	LINE	NU	MBER	:	PAGE	. 7	70	OF	•	143
(chec	k only	or	ıe)							
X	11a		11b		11c		12			
	13		14		15		16			17

or for commercial purposes, other than using	ng the name and address of any political committee t	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION	OF NURSE PRACTITIONERS POL	ITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Deirdre Krause  Mailing Address 13283 Marcella Blvd		Date of Receipt
	Ctata 7in Co-d-	06 12 2015
City Loxahatchee	State Zip Code FL 33470-4965	Transaction ID : C3176227  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer  NOVA Southeastern University  Receipt For:  Primary General  Other (specify) ▼	Occupation Assoc. Professor  Aggregate Year-to-Date ▼  285.00	
Full Name (Last, First, Middle Initial)  Deirdre Krause		Date of Receipt
Mailing Address 13283 Marcella Blvd  City  Loxahatchee	State Zip Code FL 33470-4965	06 12 2015  Transaction ID : C3176228  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer  NOVA Southeastern University	Occupation Assoc. Professor	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  285.00	
Full Name (Last, First, Middle Initial)  Dolores Krebs		Data of Pagaint
Mailing Address 140 Boniface Dr		Date of Receipt  05 14 2015
City Rochester	State Zip Code NY 14620-3336	Transaction ID : C3175911  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	65.00
Name of Employer	Occupation	-
University of Rochester  Receipt For:  Primary  General  Other (specify)	FNP Aggregate Year-to-Date ▼ 215.00	
SUBTOTAL of Receipts This Page (option	al)	265.00
TOTAL This Period (last page this line nur	mber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

	FOR LIN	IE NU	MBER	:	PAGE	. 7	71	OF		143
(check only one)										
	<b>X</b> 11a		11b		11c		12			
	13		14		15		16			17

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION O	F NURSE PRACTITIONERS POLI	TICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. Dolores Krebs		Date of Receipt
Mailing Address 140 Boniface Dr		06 03 2015
City Rochester	State Zip Code NY 14620-3336	Transaction ID : C3166980  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer University of Rochester	Occupation FNP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	
Full Name (Last, First, Middle Initial)  B. Dolores Krebs		Date of Receipt
Mailing Address 140 Boniface Dr  City Rochester  FEC ID number of contributing federal political committee.  Name of Employer University of Rochester	State Zip Code NY 14620-3336  C Occupation	06 03 2015  Transaction ID : C3177502  Amount of Each Receipt this Period
Receipt For:  Primary General  Other (specify)	FNP Aggregate Year-to-Date ▼ 215.00	
Full Name (Last, First, Middle Initial)  Beth Kuzma		Date of Receipt
Mailing Address 2814 Deake Ave	Ohales Till Olivia	04 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Ann Arbor	State Zip Code MI 48108-1337	Transaction ID : C3176383  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer  Regional Alliance for Healthy  Receipt For:  Primary General  Other (specify) ▼	Occupation FNP  Aggregate Year-to-Date ▼  225.00	
SUBTOTAL of Receipts This Page (optional)		250.00
TOTAL This Period (last page this line number	r only)	

					PAGE	: 7	72	OF		143	
(check only one)											
	×	11a		11b		11c		12			
		13		14		15		16	;		17

or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION (	OF NURSE PRACTITIONERS POL	ITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. Beth Kuzma		Date of Receipt
Mailing Address 2814 Deake Ave		06 08 2015
City	State Zip Code	Transaction ID : C3174932
Ann Arbor	MI 48108-1337	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	_
Regional Alliance for Healthy	FNP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	225.00	
Full Name (Last, First, Middle Initial)  3. Beth Kuzma		Date of Receipt
Mailing Address 2814 Deake Ave		06 09 2015
City	State Zip Code	Transaction ID : C3220542
Ann Arbor	MI 48108-1337	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer Regional Alliance for Healthy	Occupation FNP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00	* In-Kind: In-Kind - Raffle Basket Donation
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 42549 Capitol		04 30 2015
City	State Zip Code	Transaction ID : C3178088
Novi	MI 48375-1752	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	†
Trinity Health	Consultant	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		625.00
TOTAL This Period (last page this line numb		

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINI	E NUM	BER:		PAGE	7	3 0	F	143
(check or	nly one	)						
<b>X</b> 11a	1	1b	1	1c		12		
13	1	4	1	5		16		17

Full Name (Last, First, Middle Initial)  Nancy Lawton  Mailing Address 2289 NE 61st St		Date of Receipt  M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City	State Zip Code	Transaction ID : C3178119
Seattle	WA 98115-7016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer	Occupation	1
Neighborcare Health Greenwood	FNP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Nancy Lawton		Date of Receipt
Mailing Address 2289 NE 61st St		M = M / D = D / Y = Y = Y
City	State Zin Code	06 09 2015
City Seattle	State Zip Code WA 98115-7016	Transaction ID : C3220537
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Neighborcare Health Greenwood	Occupation FNP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	* In-Kind: In-Kind - Raffle Basket Donation
Full Name (Last, First, Middle Initial)  Claire Lefevre	ı	Date of Receipt
Mailing Address 8435 Edgewater Place E	Blvd	05 28 2015
City	State Zip Code	Transaction ID : C3166998
Татра	FL 33615-1389	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	-
Tampa VA Medical Center	ARNP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	230.00	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR L			:	PAGE	: 7	74	OF	14	13
(check	only or	ne)							
X 11	а	11b		11c		12			
13	3	14		15		16		1	7

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	NURSE PRACTITIONERS POLIT	FICAL ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Claire Lefevre Mailing Address 8435 Edgewater Place Blvd		Date of Receipt
		7.0	05 28 2015
	City Tampa	State Zip Code FL 33615-1389	Transaction ID : C3177761  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	195.00
	Name of Employer Tampa VA Medical Center	Occupation ARNP	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  230.00	
В.	Full Name (Last, First, Middle Initial) Claire Lefevre		Date of Receipt
	Mailing Address 8435 Edgewater Place Blvd		06 08 Y = Y = Y = Y
	City	State Zip Code	Transaction ID: C3166534
	Tampa	FL 33615-1389	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	15.00
	Name of Employer Tampa VA Medical Center	Occupation ARNP	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  230.00	
<u> </u>	Full Name (Last, First, Middle Initial)  Colleen Leners		Date of Receipt
	Mailing Address 3738 Via Del Conquistador		04 07 2015
	City San Diego	State Zip Code CA 92117-5741	Transaction ID : C3167070  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer	Occupation	
	RWJF	Health Policy Fellow	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	360.00	
s	UBTOTAL of Receipts This Page (optional)		230.00
т	OTAL This Period (last page this line number o	nly)	

	-		_	MBER	:	PAGE	7	75	OF	143
(c	he	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16	,	17

	for commercial purposes, other than using the	name and address of any political committee to	
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	NURSE PRACTITIONERS POLIT	FICAL ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Colleen Leners		Date of Receipt
	Mailing Address 3738 Via Del Conquistador		04 07 2015
	City San Diego	State Zip Code CA 92117-5741	Transaction ID : C3177575
		92117-3741	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	130.00
	Name of Employer	Occupation	
	RWJF	Health Policy Fellow	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General  Other (specify) ▼	360.00	
В.	Full Name (Last, First, Middle Initial) Colleen Leners		Date of Receipt
	Mailing Address 3738 Via Del Conquistador		06 11 2015
	City	State Zip Code	Transaction ID : C3165580
	San Diego	CA 92117-5741	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	10.00
	Name of Employer	Occupation	
	RWJF	Health Policy Fellow	
	Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	360.00	
<u> </u>	Full Name (Last, First, Middle Initial)  Colleen Leners		Date of Receipt
	Mailing Address 3738 Via Del Conquistador		06 11 _ 2015 _
	City	State Zip Code	Transaction ID : C3177791
	San Diego	CA 92117-5741	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	200.00
	Name of Employer	Occupation	
	RWJF	Health Policy Fellow	
	Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
	Primary General  Other (specify) ▼	360.00	
s	UBTOTAL of Receipts This Page (optional)		340.00
Т	OTAL This Period (last page this line number of	only)	

		LINE			:	PAGE	: 7	76	OF	143
(c	he	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16	;	17

or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	the name and address of any political committee	
	OF NURSE PRACTITIONERS POL	ITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. Melanie Logue		Date of Receipt
Mailing Address 3300 W Camelback Rd	Choka 7in Cada	06 10 2015
City Phoenix	State Zip Code AZ 85017-3030	Transaction ID : C3166917
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  20.00
Name of Employer	Occupation	-
Grand Canyon University	Faculty	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	270.00	
Full Name (Last, First, Middle Initial)  3. Melanie Logue		Date of Receipt
Mailing Address 3300 W Camelback Rd		06 12 2015
City	State Zip Code	Transaction ID : C3177960
Phoenix	AZ 85017-3030	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Grand Canyon University	Faculty	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  270.00	
Full Name (Last, First, Middle Initial)  C. Robert Lorenz		Date of Receipt
Mailing Address 1309 Childress Ave		04 07 2015
City	State Zip Code	Transaction ID : C3174759
Saint Louis	MO 63139-3452	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	+
St. Anthony's	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	210.00	
SUBTOTAL of Receipts This Page (optional)	····	310.00
TOTAL This Period (last page this line numb	·	

Use separate schedule(s) for each category of the Detailed Summary Page

	_		_	MBER	:	PAGE	: 7	77	OF	143
(0	che	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16	,	17

Robert Lorenz  Mailing Address 1309 Childress Ave		Date of Receipt  04  07  2015
City	State Zip Code	Transaction ID : C3177576
Saint Louis	MO 63139-3452	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	130.00
Name of Employer	Occupation	
St. Anthony's	NP	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Robert Lorenz	'	Date of Receipt
Mailing Address 1309 Childress Ave		M = M / D = D / Y = Y = Y
City	State Zip Code	06 08 2015
Saint Louis	MO 63139-3452	Transaction ID : C3165606  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
St. Anthony's	NP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial)	1	
Robert Lorenz		Date of Receipt
Mailing Address 1309 Childress Ave  City	State Zip Code	06 10 2015
Saint Louis	MO 63139-3452	Transaction ID : C3165592  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	10.00
Name of Employer	Occupation	
St. Anthony's	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	210.00	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LIN	E NU	MBER	:	PAGE	. 7	78	OF	143
(check o	nly on	ıe)						
<b>X</b> 11a		11b		11c		12		
13		14		15		16		17

Robert Lorenz  Mailing Address 1309 Childress Ave		Date of Receipt  06 10 2015
City	State Zip Code	Transaction ID : C3166882
Saint Louis	MO 63139-3452	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
St. Anthony's	NP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Lenora Lorenzo	'	Date of Receipt
Mailing Address PO Box 474		M = M / D = D / Y = Y = Y
62-394 Jp Leong Hwy City	State Zip Code	03 29 2015
Haleiwa	HI 96712-0474	Transaction ID : C3176428  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 30/12 04/4	100.00
Name of Employer Pacific Island HCS- VA	Occupation NP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1320.00	
Full Name (Last, First, Middle Initial) Lenora Lorenzo		Date of Receipt
Mailing Address PO Box 474 62-394 Jp Leong Hwy		04 02 2015
City Haleiwa	State Zip Code HI 96712-0474	Transaction ID : C3176393  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Pacific Island HCS- VA	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1320.00	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE	7	79	OF	143
(c	che	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16	,	17

or for commercial purposes, other than using	ng the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION	I OF NURSE PRACTITIONERS POL	ITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  1. Lenora Lorenzo		Date of Receipt
Mailing Address PO Box 474 62-394 Jp Leong Hwy		06 09 2015
City Haleiwa	State Zip Code HI 96712-0474	Transaction ID : C3220514
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	1100.00
Name of Employer	Occupation	1
Pacific Island HCS- VA	NP	
Receipt For:  Primary General	Aggregate Year-to-Date ▼	* In Kinds In Kind Dottle Bookst Deposits
Other (specify) ▼	1320.00	* In-Kind: In-Kind - Raffle Basket Donation
Full Name (Last, First, Middle Initial)  3. Lenora Lorenzo		Date of Receipt
Mailing Address PO Box 474		M = M / D = D / Y = Y = Y
62-394 Jp Leong Hwy		06 12 2015
City	State Zip Code HI 96712-0474	Transaction ID : C3166701
Haleiwa	001.12.0.11	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	1
Pacific Island HCS- VA	NP	
Receipt For:  Primary General	Aggregate Year-to-Date ▼	
Other (specify)	1320.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 90 Ervin Rd		01 20 2015
City	State Zip Code	Transaction ID : C3168999
Pipersville	PA 18947-9391	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Heartland Hospice	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	245.00	
SUBTOTAL of Receipts This Page (option	al)	1145.00
TOTAL This Period (last page this line nu	mber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

ı	FOR	LINE	NU	MBER	:	PAGE	: 8	30	OF	•	143
ı	(chec	k only	or	ıe)							
	X	11a [		11b		11c		12			
		13		14		15		16			17

or for commercial purposes, other than using	ng the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION	I OF NURSE PRACTITIONERS POL	ITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Lori Martin-Plank		Date of Receipt
Mailing Address 90 Ervin Rd		03 29 2015
City	State Zip Code	Transaction ID : C3177418
Pipersville	PA 18947-9391	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer	Occupation	-
Heartland Hospice	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	245.00	
Full Name (Last, First, Middle Initial)  3. Lori Martin-Plank	ı	Date of Receipt
Mailing Address 90 Ervin Rd		M M / D D / Y Y Y Y
		06 09 2015
City	State Zip Code	Transaction ID : C3220535
Pipersville	PA 18947-9391	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	-
Heartland Hospice	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	245.00	* In-Kind: In-Kind - Raffle Basket Donation
Full Name (Last, First, Middle Initial)  . Wayne Mcleod	I.	Date of Receipt
Mailing Address 9384 E Myra Dr		01 25 2015
City	State Zip Code	Transaction ID : C3176506
Tucson	AZ 85730-2940	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	-
Seguaro Surgical	NP	
Receipt For:	Aggregate Year-to-Date ▼	]
Primary General		
Other (specify) ▼	330.00	
SUBTOTAL of Receipts This Page (option	al)	320.00
TOTAL This Period (last nage this line nu	mber only)	
This I office (last page this life flui		49.

FOR LIN	E NUN	/IBER:	PAGE	: 8	31	OF	•	143
(check or	nly one	<del>)</del> )						
<b>X</b> 11a		11b	11c		12			
13		14	15		16			17

	g the name and address of any political committee					
	OF NURSE PRACTITIONERS POL	LITICAL ACTION COMMITTEE				
Full Name (Last, First, Middle Initial) Wayne Mcleod  Mailing Address 9384 E Myra Dr		Date of Receipt				
City	State Zip Code	06 10 2015 Transaction ID : C3176300				
Tucson	AZ 85730-2940	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	100.00				
Name of Employer	Occupation					
Seguaro Surgical Receipt For:	NP					
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  330.00					
Full Name (Last, First, Middle Initial)  Nayne Mcleod	1	Date of Receipt				
Mailing Address 9384 E Myra Dr		06 11 _2015 _				
City	State Zip Code	06				
Tucson	AZ 85730-2940	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	130.00				
Name of Employer Seguaro Surgical	Occupation NP					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00					
Full Name (Last, First, Middle Initial)		Date of Receipt				
Mailing Address 4713 Hummingbird St		03 28 2015				
City Houston	State Zip Code TX 77035-4915	Transaction ID : C3176438  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer	Occupation	-				
Houston Methodist Hospital	NP					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00					
SUBTOTAL of Receipts This Page (options	<u>,                                      </u>	330.00				
TOTAL This Period (last page this line nur	nber only)					

FO	R LINE	NU	MBER	:	PAGE	: 8	32	OF	1	143
(ch	eck only	on	ie)							
>	11a		11b		11c		12			
	13		14		15		16	Γ		17

	he name and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION C	F NURSE PRACTITIONERS POL	ITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. Alison Mitchell		Date of Receipt
Mailing Address 4713 Hummingbird St		06 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Houston	State Zip Code TX 77035-4915	Transaction ID : C3177965
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00
Name of Employer	Occupation	
Houston Methodist Hospital	NP	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial)  Celia Morse	•	Date of Receipt
Mailing Address 544 Saint John Pl		06 12 2015
City	State Zip Code	06 12 2015 Transaction ID : C3177959
Franklin	TN 37064-8901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
St. John	FNP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 828 E 17th Ave		03 29 _ 2015 _
City	State Zip Code	Transaction ID : C3176433
Salt Lake City	UT 84103-3713	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	1
University of Utah	NP	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	610.00	
SUBTOTAL of Receipts This Page (optional).		600.00
TOTAL This Period (last page this line number	or only)	

Use separate schedule(s) for each category of the Detailed Summary Page

	_		_	MBER	:	PAGE	33	OF	143
(0	che	ck only	or	ne)					
	X	11a		11b		11c	12		
		13		14		15	16		17

Lee Moss  Mailing Address 828 E 17th Ave		Date of Receipt
City	State Zip Code	03 29 2015 Transaction ID : C3176434
Salt Lake City	UT 84103-3713	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	
University of Utah	NP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 610.00	
Full Name (Last, First, Middle Initial) Lee Moss	'	Date of Receipt
Mailing Address 828 E 17th Ave		M = M / D = D / Y = Y = Y
City	State Zip Code	03 31 2015
Salt Lake City	UT 84103-3713	Transaction ID : C3176398
·	0.1100 0.110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer University of Utah	Occupation NP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 610.00	
Full Name (Last, First, Middle Initial) Lee Moss	1	Date of Pagaint
Mailing Address 828 E 17th Ave		Date of Receipt  05 17 2015
City Salt Lake City	State Zip Code UT 84103-3713	Transaction ID : C3167008  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
University of Utah	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	610.00	

	-		_	MBER	:	PAGE	: 8	34	OF	143
(c	he	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16	,	17

	g the name and address of any political committee	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION	OF NURSE PRACTITIONERS POL	LITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 828 E 17th Ave		05 17 2015
City	State Zip Code	Transaction ID : C3175907
Salt Lake City	UT 84103-3713	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	65.00
Name of Employer	Occupation	1
University of Utah	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	610.00	
Full Name (Last, First, Middle Initial)  Lee Moss		Date of Receipt
Mailing Address 828 E 17th Ave		M = M / D = D / Y = Y = Y
City	State Zip Code	06 09 2015
Salt Lake City	UT 84103-3713	Transaction ID : C3220539  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer	Occupation	
University of Utah	NP	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	610.00	* In-Kind: In-Kind - Raffle Basket Donation
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 828 E 17th Ave		06 09 2015
City	State Zip Code	Transaction ID : C3220540
Salt Lake City	UT 84103-3713	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	85.00
Name of Employer	Occupation	1
University of Utah	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	610.00	* In-Kind: In-Kind - Raffle Basket Donation
SUBTOTAL of Receipts This Page (optional	I)	235.00
TOTAL This Period (last page this line num	oher only)	

Use separate schedule(s) for each category of the Detailed Summary Page

	R LINE			:	PAGE	: 8	35	OF	•	143
(che	eck only	on	ıe)							
×	11a		11b		11c		12			
	13		14		15		16			17

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION C	OF NURSE PRACTITIONERS POLI	TICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  1. Lee Moss		Date of Receipt
Mailing Address 828 E 17th Ave	06 10 / Y Y Y Y Y Y	
City	State Zip Code	Transaction ID : C3165216
Salt Lake City	UT 84103-3713	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5.00
Name of Employer	Occupation	1
University of Utah	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	610.00	
Full Name (Last, First, Middle Initial)  3. Lee Moss		Date of Receipt
Mailing Address 828 E 17th Ave	06 10 / Y = Y = Y = Y	
City	State Zip Code	Transaction ID : C3174374
Salt Lake City	UT 84103-3713	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer University of Utah	Occupation NP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 610.00	
Full Name (Last, First, Middle Initial)  C. Lee Moss		Date of Receipt
Mailing Address 828 E 17th Ave		06 12 2015
City Salt Lake City	State Zip Code UT 84103-3713	Transaction ID : C3166756  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	1
University of Utah	NP	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	610.00	
SUBTOTAL of Receipts This Page (optional).		55.00
TOTAL This Period (last page this line number	<u>·</u>	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR I	LINE N	UMBER	:	PAGE	. 8	36	OF	•	143
(check	c only c	one)							
X 1	I1a	11b		11c		12			
1	13	14		15		16			17

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION O	F NURSE PRACTITIONERS POLI	TICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Francis Neuzil, Jr. Jr.		Date of Receipt
Mailing Address PO Box 1804	01 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID : C3169096
Lady Lake	FL 32158-1804	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Allergy, Sinus and Asthma FHC	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	225.00	
Full Name (Last, First, Middle Initial)  Francis Neuzil, Jr. Jr.		Date of Receipt
Mailing Address PO Box 1804	06 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID : C3166972
Lady Lake	FL 32158-1804	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Allergy, Sinus and Asthma FHC	Occupation NP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00	
Full Name (Last, First, Middle Initial)  Francis Neuzil, Jr. Jr.		Date of Receipt
Mailing Address PO Box 1804		06 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Lady Lake	State Zip Code FL 32158-1804	Transaction ID : C3177492  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	130.00
Name of Employer	Occupation	
Allergy, Sinus and Asthma FHC	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	225.00	
SUBTOTAL of Receipts This Page (optional)	•	175.00
TOTAL This Period (last page this line numbe	·	

FOR LINE NUMBER: (check only one)				PAGE	. 8	37 C	F	143	
	(ch	eck only	y one)						
	>	<b>1</b> 1a	11	b	11c		12		
		13	14		15		16		17

or for commercial purposes, other than us	ng the name and address of any political committee					
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION	N OF NURSE PRACTITIONERS POI	LITICAL ACTION COMMITTEE				
Full Name (Last, First, Middle Initial)  Francis Neuzil, Jr. Jr.	Date of Receipt					
Mailing Address PO Box 1804	06 10 / Y Y Y Y Y					
City	State Zip Code	Transaction ID : C3165591				
Lady Lake	FL 32158-1804	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	10.00				
Name of Employer	Occupation					
Allergy, Sinus and Asthma FHC	NP					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	225.00					
Full Name (Last, First, Middle Initial)  Francis Neuzil, Jr. Jr.	Date of Receipt					
Mailing Address PO Box 1804	M = M / D = D / Y = Y = Y					
City	06 11 2015					
Lady Lake	State Zip Code FL 32158-1804	Transaction ID : C3174718  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	40.00				
Name of Employer						
Allergy, Sinus and Asthma FHC	Occupation NP					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	225.00					
Full Name (Last, First, Middle Initial)  Abimbola Ojurongbe	I	Date of Receipt				
Mailing Address 14621 230th PI		03 27 _2015 _				
City	State Zip Code	Transaction ID : C3177468				
Springfield Gardens	NY 11413-4432	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	125.00				
Name of Employer	Occupation	_				
Nightingale Preventative Care						
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	215.00					
SUBTOTAL of Receipts This Page (option	nal)	175.00				
TOTAL This Period (last page this line nu	<u> </u>					
IVIAL THIS FERIOU (IAST PAGE THIS TIME IN	IIIID⊖I UIIIY)					

Use separate schedule(s) for each category of the Detailed Summary Page

FC	R LINE	NUMB	ER:	PAGE	8	8 OF	•	143
(ch	eck only	one)						
>	<b>1</b> 1a	11k		11c		12		
	13	14		15		16		17

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION (	OF NURSE PRACTITIONERS POLI	TICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. Abimbola Ojurongbe		Date of Receipt
Mailing Address 14621 230th Pl	04 12 2015	
City	State Zip Code	Transaction ID : C3167044
Springfield Gardens	NY 11413-4432	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Nightingale Preventative Care	FNP-BC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	215.00	
Full Name (Last, First, Middle Initial)  Abimbola Ojurongbe		Date of Receipt
Mailing Address 14621 230th PI	04 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID : C3175976
Springfield Gardens	NY 11413-4432	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	65.00
Name of Employer	Occupation	
Nightingale Preventative Care	FNP-BC	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	
Full Name (Last, First, Middle Initial)  C. Abimbola Ojurongbe		Date of Receipt
Mailing Address 14621 230th PI		06 09 2015
City Springfield Gardens	State Zip Code NY 11413-4432	Transaction ID : C3165235  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5.00
Name of Employer	Occupation	
Nightingale Preventative Care	FNP-BC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	215.00	
SUBTOTAL of Receipts This Page (optional)	) <b>&gt;</b>	90.00
TOTAL This Period (last page this line number	per only)	

FOR	LINE	NU	MBER	:	PAGE	: 8	39	OF	•	143
(chec	k only	or	ıe)							
X	11a		11b		11c		12			
	13		14		15		16			17

or for commercial purposes, other than using t	he name and address of any political committee					
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION C	F NURSE PRACTITIONERS POL	ITICAL ACTION COMMITTEE				
Full Name (Last, First, Middle Initial)  Peggy Ostrander	Date of Receipt					
Mailing Address 4216 Eldorado Dr	06 03 2015					
City Plano	State Zip Code TX 75093-6019	Transaction ID : C3166981				
	73033-0013	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	20.00				
Name of Employer	Occupation	7				
INSTITUTE OF HEALTH PROMOTION	FNP					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General  Other (specify) ▼	290.00					
Full Name (Last, First, Middle Initial)  Peggy Ostrander	Date of Receipt					
Mailing Address 4216 Eldorado Dr	06 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State Zip Code	Transaction ID : C3175846				
Plano	TX 75093-6019	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	65.00				
Name of Employer INSTITUTE OF HEALTH PROMOTION	Occupation FNP					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  290.00					
Full Name (Last, First, Middle Initial)  C. Peggy Ostrander		Date of Receipt				
Mailing Address 4216 Eldorado Dr		06 10 2015				
City	State Zip Code	Transaction ID : C3165204				
Plano	TX 75093-6019	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	5.00				
Name of Employer	Occupation	1				
INSTITUTE OF HEALTH PROMOTION						
Receipt For:	Receipt For:  Aggregate Year-to-Date ▼					
Primary General						
Other (specify) ▼	290.00					
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	90.00				
TOTAL This Period (last page this line number	er only)	1 1 10 1 1 10 1 1 10 1				

FOR LIN	E NU	MBER	:	PAGE	90	OF	143
(check o	nly or	ne)					
<b>X</b> 11a		11b		11c	12		
13		14		15	16		17

or for commercial purposes, other than using	g the name and address of any political committee					
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION	OF NURSE PRACTITIONERS POL	LITICAL ACTION COMMITTEE				
Full Name (Last, First, Middle Initial) Peggy Ostrander	Date of Receipt					
Mailing Address 4216 Eldorado Dr						
City Plano	State Zip Code TX 75093-6019	Transaction ID : C3177793				
	17 73093-0019	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	200.00				
Name of Employer	Occupation					
INSTITUTE OF HEALTH PROMOTION	FNP					
Receipt For:  Primary  General	Aggregate Year-to-Date ▼					
Other (specify) ▼	290.00					
Full Name (Last, First, Middle Initial)  3. Diane Padden	Date of Receipt					
Mailing Address 7049 River Oak Ct	03 31 2015					
City	State Zip Code	Transaction ID : C3176201				
Clarksville	MD 21029-1848	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	90.00				
Name of Employer	Occupation					
AANP	VP of Research & Education					
Receipt For:  Primary  General	Aggregate Year-to-Date ▼					
Other (specify) ▼	230.00					
Full Name (Last, First, Middle Initial)		Date of Receipt				
Mailing Address 7049 River Oak Ct		06 01 _2015 _				
City	State Zip Code	Transaction ID : C3175866				
Clarksville	MD 21029-1848	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	65.00				
Name of Employer	Occupation	-				
AANP						
Receipt For:	Aggregate Teat-to-Date ▼					
Primary General Other (specify) ▼	230.00					
SUBTOTAL of Receipts This Page (optional	il)	355.00				
	<u>·</u>					
TOTAL This Period (last page this line num	ider only)					

Use separate schedule(s) for each category of the **Detailed Summary Page** 

F	PAGE	91	OF	 143					
(c	he	ck only							
	X	11a	11c	12					
		13		14		15	16	;	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Diane Padden Date of Receipt Mailing Address 7049 River Oak Ct 80 2015 City Zip Code State Transaction ID: C3165610 MD Clarksville 21029-1848 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation **AANP** VP of Research & Education Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name (Last, First, Middle Initial) B. Diane Padden Date of Receipt Mailing Address 7049 River Oak Ct 06 13 2015 City State Zip Code Transaction ID: C3175798 MD Clarksville 21029-1848 Amount of Each Receipt this Period FEC ID number of contributing 65.00 federal political committee. Name of Employer Occupation **AANP** VP of Research & Education Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Marilyn Pattillo Date of Receipt Mailing Address 1700 Jackson Hole Cv 2015 06 10 City State Zip Code Transaction ID: C3178084 TX Austin 78746-7634 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation **GNP** Self Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 575.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LIN	PAGE	. (	92	OF	•	143			
(check or									
<b>X</b> 11a	11c		12						
13		14		15		16			17

Full Name (Last, First, Middle Initial)	F NURSE PRACTITIONERS POLI	TICAL ACTION COMMITTEE
Carol Patton		Date of Receipt
Mailing Address 620 Hill School House Rd		05 01 2015
City	State Zip Code	Transaction ID : C3167026
Waynesburg	PA 15370-7235	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Drexel University	Faculty	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Carol Patton		Date of Receipt
Mailing Address 620 Hill School House Rd		M = M / D = D / Y = Y = Y
City	State Zip Code	05 01 2015
Waynesburg	PA 15370-7235	Transaction ID : C3177551  Amount of Each Receipt this Period
		Amount of Each Necelpt this Period
FEC ID number of contributing federal political committee.	C	130.00
Name of Employer	Occupation	
Drexel University	Faculty	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Carol Patton		Date of Receipt
Mailing Address 620 Hill School House Rd		06 10 2015
City Waynesburg	State Zip Code PA 15370-7235	Transaction ID : C3177795  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
Drexel University	Faculty	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	350.00	

Use separate schedule(s) for each category of the Detailed Summary Page

_	LINE	PAGE	93	OF	143			
(che	ck only	or	ne)					
X	11a	11c	12					
	13		14		15	16		17

or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION C	F NURSE PRACTITIONERS POL	TICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. Katherine Pereira		Date of Receipt
Mailing Address 103 Lansbrooke Ln		06 09 2015
City	State Zip Code	Transaction ID : C3178040
Apex	NC 27502-6433	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
ALSKJD	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial)  3. Katherine Pereira		Date of Receipt
Mailing Address 103 Lansbrooke Ln		06 09 2015
City	State Zip Code	Transaction ID : C3220549
Apex	NC 27502-6433	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer ALSKJD	Occupation NP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	* In-Kind: In-Kind - Raffle Basket Donation
Full Name (Last, First, Middle Initial)  C. Joyce Powers		Date of Receipt
Mailing Address 11201 Woodmar Ln NE		06 09 2015
City	State Zip Code	Transaction ID : C3220510
Albuquerque	NM 87111-6510	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Veterans Administration	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	300.00	* In-Kind: In-Kind - Raffle Basket Donation
SUBTOTAL of Receipts This Page (optional)		650.00
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOF	LINE	NU	IMBER	PAGE	94	OF	143	
(che	ck only	or	ne)					
×	11a		11b	11c	12			
	13		14		15	16		17

or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION C	F NURSE PRACTITIONERS POLI	TICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Lynn Rapsilber		Date of Receipt
Mailing Address 253 Fairlawn Dr		03 28 2015
City	State Zip Code	Transaction ID : C3174995
Torrington	CT 06790-5809	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Litchfield County Gastro	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	320.00	
Full Name (Last, First, Middle Initial)  3. Lynn Rapsilber		Date of Receipt
Mailing Address 253 Fairlawn Dr		03 29 2015
City	State Zip Code	Transaction ID : C3167081
Torrington	CT 06790-5809	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Litchfield County Gastro	Occupation NP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial)  Lynn Rapsilber		Date of Receipt
Mailing Address 253 Fairlawn Dr		06 09 2015
City	State Zip Code	Transaction ID : C3220520
Torrington	CT 06790-5809	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer	Occupation	
Litchfield County Gastro	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	320.00	* In-Kind: In-Kind - Raffle Basket Donation
SUBTOTAL of Receipts This Page (optional).		220.00
TOTAL This Period (last page this line number	er only)	

	_		_	MBER	PAGE	95	OF	143	
(0	che	ck only	or	ne)					
	X	11a		11c	12				
		13		14		15	16	,	17

or for commercial purposes, other than usi	ng the name and address of any political committee	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION	N OF NURSE PRACTITIONERS POI	LITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Lynn Rapsilber		Date of Receipt
Mailing Address 253 Fairlawn Dr		06 10 / Y Y Y Y Y Y
City	State Zip Code CT 06790-5809	Transaction ID : C3176312
Torrington	CT 06790-5809	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Litchfield County Gastro	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	320.00	
Full Name (Last, First, Middle Initial)  3. Grace Reilly	•	Date of Receipt
Mailing Address 914 Bay Ave		03 29 2015
City	State Zip Code	Transaction ID : C3167077
Point Pleasant Beach	NJ 08742-3065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Meridian Health System	Occupation NP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  260.00	
Full Name (Last, First, Middle Initial)  Grace Reilly	<u> </u>	Date of Receipt
Mailing Address 914 Bay Ave		03 29 _2015
City	State Zip Code	Transaction ID : C3174992
Point Pleasant Beach	NJ 08742-3065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	_
Meridian Health System	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	260.00	
SUBTOTAL of Receipts This Page (option	nal)	170.00
	·	
TOTAL This Period (last page this line nu	ITIDEL QUIÀ)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOF	R LINE	NU	MBER	:	PAGE	96	OF	143
(che	ck only	or	ne)					
X	11a		11b	11c	12			
	13		14		15	16	;	17

or for commercial purposes, other than usi	ng the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION	OF NURSE PRACTITIONERS POL	ITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. Grace Reilly		Date of Receipt
Mailing Address 914 Bay Ave		06 09 2015
City	State Zip Code	Transaction ID : C3220522
Point Pleasant Beach	NJ 08742-3065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	
Meridian Health System	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	260.00	* In-Kind: In-Kind - Raffle Basket Donation
Full Name (Last, First, Middle Initial)  3. Grace Reilly	1	Date of Receipt
Mailing Address 914 Bay Ave		M = M / D = D / Y = Y = Y
City	State Zip Code	06 10 2015 Transaction ID : C3174747
Point Pleasant Beach	NJ 08742-3065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Meridian Health System	Occupation	
Receipt For:	NP	-
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	260.00	
Full Name (Last, First, Middle Initial)  C. Lorraine Reiser		Date of Receipt
Mailing Address 3878 Brighton Rd		04 06 2015
City	State Zip Code	Transaction ID : C3176382
Pittsburgh	PA 15212-1602	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	-
Hilltop Community Health Care	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	285.00	
SUBTOTAL of Receipts This Page (option	nal)	290.00
	<u> </u>	
TOTAL This Period (last page this line nu	mber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

ı	FOR	LINE	NU	MBER	PAGE	. (	97	OF	143	
ı	(ched	ck only	or	ne)						
	X	11a		11b	11c		12			
		13		14		15		16		17

or for commercial purposes, other than using t	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION C	OF NURSE PRACTITIONERS POLI	TICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Lorraine Reiser		Date of Receipt
Mailing Address 3878 Brighton Rd		04 08 2015
City Pittsburgh	State Zip Code PA 15212-1602	Transaction ID : C3167048  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Hilltop Community Health Care	Occupation NP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  285.00	
Full Name (Last, First, Middle Initial)  Lorraine Reiser  Mailing Address 3878 Brighton Rd	Date of Receipt  05 16 2015	
City Pittsburgh	State Zip Code PA 15212-1602	Transaction ID : C3175909  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	65.00
Name of Employer Hilltop Community Health Care	Occupation NP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  285.00	
Full Name (Last, First, Middle Initial) Lorraine Reiser		Date of Receipt
Mailing Address 3878 Brighton Rd		06 11 2015
City Pittsburgh	State Zip Code PA 15212-1602	Transaction ID : C3176247  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer Hilltop Community Health Care	Occupation NP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	
SUBTOTAL of Receipts This Page (optional).		185.00
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	PAGE		98	OF		143				
(check only one)										
X	11c		12							
	13		14		15		16			17

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION	OF NURSE PRACTITIONERS POLI	ITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Sheri Rickman Rickman Patrick		Date of Receipt
Mailing Address 1932 Bastona Dr		03 18 2015
City Elk Grove	State Zip Code CA 95758-7103	Transaction ID : C3168486
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  25.00
Name of Employer  Capitol Family Medical Assoc	Occupation FNP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)  Sheri Rickman Rickman Patrick  Mailing Address 1932 Bastona Dr	•	Date of Receipt
City	State Zip Code	05 28 2015 Transaction ID : C3166999
Elk Grove	CA 95758-7103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer Capitol Family Medical Assoc	Occupation FNP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)  Sheri Rickman Rickman Patric	k	Date of Receipt
Mailing Address 1932 Bastona Dr		05 28 2015
City Elk Grove	State Zip Code CA 95758-7103	Transaction ID : C3177514  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	130.00
Name of Employer	Occupation	
Capitol Family Medical Assoc	FNP	
Receipt For:    Primary   General	Aggregate Year-to-Date ▼	
Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional	)	175.00
TOTAL This Period (last page this line num	ber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	PAGE	. (	99	OF	•	143				
(check only one)										
X	11c		12							
	13		14		15		16			17

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	NURSE PRACTITIONERS POLIT	FICAL ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Sheri Rickman Rickman Patrick		Date of Receipt
	Mailing Address 1932 Bastona Dr		06 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID : C3165219
	Elk Grove	CA 95758-7103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	5.00
	Name of Employer	Occupation	
	Capitol Family Medical Assoc	FNP	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
В.	Full Name (Last, First, Middle Initial) Sheri Rickman Rickman Patrick		Date of Receipt
	Mailing Address 1932 Bastona Dr	06 11 2015	
	City	State Zip Code	Transaction ID : C3166826
	Elk Grove	CA 95758-7103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer Capitol Family Medical Assoc	Occupation FNP	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
<u> </u>	Full Name (Last, First, Middle Initial) Sheri Rickman Rickman Patrick		Date of Receipt
	Mailing Address 1932 Bastona Dr		06 11 2015
	City	State Zip Code	Transaction ID : C3176282
	Elk Grove	CA 95758-7103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer	Occupation	
	Capitol Family Medical Assoc	FNP	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify) ▼	300.00	
S	SUBTOTAL of Receipts This Page (optional)	•	125.00
Т	OTAL This Period (last page this line number of	only)	

	FOR LINE NUMBER:						PAGE	1	00 OF	143
(check only one)										
		X	11a		11b		11c		12	
			13		14		15		16	17

	the name and address of any political committee	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION (	OF NURSE PRACTITIONERS POL	ITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. Cheryl Rising		Date of Receipt
Mailing Address 1001 Ash Coulee Pl		03 29 2015
City	State Zip Code	Transaction ID : C3176422
Bismarck	ND 58503-8819	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	_
Prairie Assisted Living Svcs	NP	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	230.00	
Full Name (Last, First, Middle Initial)  Cheryl Rising		Date of Receipt
Mailing Address 1001 Ash Coulee Pl	06 09 2015	
City	State Zip Code	Transaction ID : C3220552
Bismarck	ND 58503-8819	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Prairie Assisted Living Svcs	Occupation NP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  230.00	* In-Kind: In-Kind - Raffle Basket Donation
Full Name (Last, First, Middle Initial)  Cheryl Rising		Date of Receipt
Mailing Address 1001 Ash Coulee PI		06 12 _ 2015 _
City	State Zip Code	Transaction ID : C3176222
Bismarck	ND 58503-8819	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	†
Prairie Assisted Living Svcs	NP	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	230.00	
SUBTOTAL of Receipts This Page (optional)	)	230.00
TOTAL This Period (last page this line numb	per only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	PAGE	1	01 OF	143				
(check only one)								
X	11a		11b		11c		12	
	13		14		15		16	17

or		name and address of any political committee to					
$\rangle$	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	NURSE PRACTITIONERS POLIT	ΓΙCAL ACTION COMMITTEE				
Α.	Full Name (Last, First, Middle Initial) Lois Rockcastle  Mailing Address 20321 Middle Rd		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State Zip Code	Transaction ID : C3177407				
	Eagle River	AK 99577-7931	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	120.00				
	Name of Employer	Occupation					
	Tundra Care	NP					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00					
В.	Full Name (Last, First, Middle Initial) Lois Rockcastle		Date of Receipt				
	Mailing Address 20321 Middle Rd		06 09 _2015 _				
	City	State Zip Code	Transaction ID : C3220511				
	Eagle River	AK 99577-7931	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	300.00				
	Name of Employer Tundra Care	Occupation NP					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00	* In-Kind: In-Kind - Raffle Basket Donation				
C.	Full Name (Last, First, Middle Initial) Lois Rockcastle		Date of Receipt				
	Mailing Address 20321 Middle Rd		06 10 / Y Y Y Y Y Y				
	City Eagle River	State Zip Code AK 99577-7931	Transaction ID : C3166913				
		33077 7301	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	20.00				
	Name of Employer	Occupation					
	Tundra Care	NP					
	Receipt For:	Aggregate Year-to-Date ▼					
	Primary General  Other (specify) ▼	455.00					
s	SUBTOTAL of Receipts This Page (optional)		440.00				
т	OTAL This Period (last page this line number of	only)					

Use separate schedule(s) for each category of the Detailed Summary Page

						PAGE	1	02 OF	143
(check only one)									
	X	11a		11b		11c		12	
		13		14		15		16	17

Full Name (Last, First, Middle Initial) Lois Rockcastle  Mailing Address 20321 Middle Rd		Date of Receipt
	7.0	06 12 2015
City Eagle River	State Zip Code AK 99577-7931	Transaction ID : C3165172
FEC ID number of contributing federal political committee.	C 333777331	Amount of Each Receipt this Period  5.00
Name of Employer	Occupation	
Tundra Care	NP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00	
Full Name (Last, First, Middle Initial) Lois Rockcastle		Date of Receipt
Mailing Address 20321 Middle Rd		M = M / D = D / Y = Y = Y
City	State Zip Code	06 12 2015
Eagle River	AK 99577-7931	Transaction ID : C3165564  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	10.00
Name of Employer Tundra Care	Occupation NP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00	
Full Name (Last, First, Middle Initial)	1	2. (2. )
Cheryl Rutter  Mailing Address 3105 Pueblo Hawikuh		Date of Receipt  04 11 2015
City Santa Fe	State Zip Code NM 87507-2514	Transaction ID : C3167045  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Catapult	CNP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	215.00	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE	NUMBER	: PAGE	E 103 OF	143				
(check only one)								
<b>X</b> 11a	11b	11c	12					
13	14	15	16	17				

or for commercial purposes, other than using	g the name and address of any political committee to	o solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION	OF NURSE PRACTITIONERS POL	ITICAL ACTION COMMITTEE					
Full Name (Last, First, Middle Initial)  A. Cheryl Rutter		Date of Receipt					
Mailing Address 3105 Pueblo Hawikuh		04 11 _ 2015 _					
City	State Zip Code	Transaction ID : C3175977					
Santa Fe	NM 87507-2514	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	65.00					
Name of Employer	Occupation	†					
Catapult	CNP						
Receipt For:	Aggregate Year-to-Date ▼	]					
Primary General Other (specify) ▼	215.00						
Full Name (Last, First, Middle Initial)  3. Cheryl Rutter		Date of Receipt					
Mailing Address 3105 Pueblo Hawikuh		05 28 2015					
City	State Zip Code	Transaction ID : C3177512					
Santa Fe	NM 87507-2514	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	130.00					
Name of Employer	Occupation	-					
Catapult	CNP						
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  215.00						
Full Name (Last, First, Middle Initial)  C. Gail Sadler	1	Date of Receipt					
Mailing Address 9756 62nd Ave N		06 04 2015					
City	State Zip Code	Transaction ID : C3174752					
Saint Petersburg	FL 33708-4516	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	40.00					
Name of Employer	ame of Employer Occupation						
Westcoast Family Practice	tcoast Family Practice ARNP						
Receipt For:							
Primary General							
Other (specify) ▼	210.00						
SUBTOTAL of Receipts This Page (optional	I)	235.00					
TOTAL This Period (last page this line num	ber only)						

Use separate schedule(s) for each category of the Detailed Summary Page

	_		_	MBER	PAGE	1	04 OF	143	
(c	he	ck only	or	ne)					
X 11a				11b		11c		12	
		13		14		15		16	17

Full Name (Last, First, Middle Initial) Gail Sadler  Mailing Address 9756 62nd Ave N		Date of Receipt				
		06 04 2015				
City Saint Petersburg	State Zip Code FL 33708-4516	Transaction ID : C3177497				
FEC ID number of contributing federal political committee.	C 33/08-4516	Amount of Each Receipt this Period 130.00				
Name of Employer  Westcoast Family Practice	Occupation ARNP					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  210.00					
Full Name (Last, First, Middle Initial) Gail Sadler		Date of Receipt				
Mailing Address 9756 62nd Ave N		06 10 2015				
City Saint Petersburg	State Zip Code FL 33708-4516	Transaction ID : C3166915  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	20.00				
Name of Employer Westcoast Family Practice	Occupation ARNP					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  210.00					
Full Name (Last, First, Middle Initial)  Gail Sadler		Date of Receipt				
Mailing Address 9756 62nd Ave N		06 11 2015				
City Saint Petersburg	State Zip Code FL 33708-4516	Transaction ID : C3166816  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	20.00				
Name of Employer	Occupation					
Westcoast Family Practice Receipt For:	nt For:					
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  210.00					

							PAGE	1	05 OF	143
	(c	che	ck only	or	ne)					
X 11a				11b		11c		12		
			13		14		15		16	17

or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	g the name and address of any political committee	to solicit contributions from such committee.				
/	OF NURSE PRACTITIONERS POL	LITICAL ACTION COMMITTEE				
Full Name (Last, First, Middle Initial)  1. Denise Salvo		Date of Receipt				
Mailing Address 41 Mercer Hill Rd		02 07 2015				
City	State Zip Code	Transaction ID : C3177973				
Ambler	PA 19002-5731	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Occupation					
Lafayette Hill Family Medicine	NP					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General  Other (specify) ▼	250.00					
Full Name (Last, First, Middle Initial)  Lorna Schumann	•	Date of Receipt				
Mailing Address 18275 W Quail Ln		M = M / D = D / Y = Y = Y				
City	State Zip Code	03 29 2015 Transaction ID : C3176429				
Post Falls	ID 83854-6755	Transaction ID : C3176429  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	100.00				
Name of Employer Heritage - UGM Clinic	Occupation NP					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00					
Full Name (Last, First, Middle Initial)  Lorna Schumann	<u>'</u>	Date of Receipt				
Mailing Address 18275 W Quail Ln		04 24 2015				
City	State Zip Code	Transaction ID : C3177556				
Post Falls	ID 83854-6755	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	130.00				
Name of Employer						
Heritage - UGM Clinic	•					
Receipt For:	Aggregate rear-to-Date ▼					
Primary General  Other (specify) ▼	430.00					
SUBTOTAL of Receipts This Page (optional	al)	480.00				
TOTAL This Period (last page this line num	nber only)					

Use separate schedule(s) for each category of the Detailed Summary Page

	_		_	MBER	PAGE	1	06 OF	143	
(0	che	ck only	or	ne)					
	X	11a		11b		11c		12	
		13		14		15		16	17

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION O	F NURSE PRACTITIONERS POLI	TICAL ACTION COMMITTEE			
Full Name (Last, First, Middle Initial)  Lorna Schumann		Date of Receipt			
Mailing Address 18275 W Quail Ln		06 11 2015			
City Post Falls	State Zip Code ID 83854-6755	Transaction ID : C3177790  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period			
Name of Employer  Heritage - UGM Clinic  Receipt For:	Occupation NP				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00				
Full Name (Last, First, Middle Initial)  3. Janet Selway  Mailing Address 4512 Fait Ave		Date of Receipt			
City Baltimore FEC ID number of contributing	State Zip Code MD 21224-4405	03 28 2015  Transaction ID : C3176442  Amount of Each Receipt this Period			
Receipt For:	Occupation Asst. Professor  Aggregate Year-to-Date ▼	100.00			
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00				
Full Name (Last, First, Middle Initial)  Janet Selway		Date of Receipt			
Mailing Address 4512 Fait Ave		03 31 2015			
City Baltimore	State Zip Code MD 21224-4405	Transaction ID : C3176399  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer  Catholic University  Receipt For:  Primary General Other (specify) ▼	Occupation Asst. Professor  Aggregate Year-to-Date ▼  700.00				
SUBTOTAL of Receipts This Page (optional)		400.00			
TOTAL This Period (last page this line numbe	r only)				

_	R LINE	_		PAGE	: 1	07 OF	143	
(che	eck only	or	ıe)					
×	11b		11c		12			
13 14			14		15		16	17

\ A. A. A. D. D. C. A. A. C.		to solicit contributions from such committee.				
	OF NURSE PRACTITIONERS POL	LITICAL ACTION COMMITTEE				
Full Name (Last, First, Middle Initial)  Janet Selway	Date of Receipt					
Mailing Address 4512 Fait Ave		06 06 2015				
City	State Zip Code	Transaction ID : C3178087				
Baltimore	MD 21224-4405	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00				
Name of Employer	Occupation					
Catholic University	Asst. Professor					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General						
Other (specify) ▼	700.00					
Full Name (Last, First, Middle Initial) Catherine Shull		Date of Receipt				
Mailing Address 228 Hogan Dr		06 10 2015				
City	State Zip Code	Transaction ID : C3166890				
Lake Ozark	MO 65049-6902	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	20.00				
Name of Employer	Occupation					
Ozark Health	NP					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	0.0					
Other (specify) ▼	620.00					
Full Name (Last, First, Middle Initial) . Catherine Shull		Date of Receipt				
Mailing Address 228 Hogan Dr		06 11 2015				
City	State Zip Code	Transaction ID : C3174914				
Lake Ozark	MO 65049-6902	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	50.00				
Name of Employer						
Ozork Hoolth						
Ozark Health	Ayyreyale rear-to-bale ▼					
Receipt For:	Aggregate rear-to-Date V					
Receipt For:  Primary General						
Receipt For:	Aggregate Teal-to-Date • 620.00					
Receipt For:  Primary General	620.00	570.00				

Use separate schedule(s) for each category of the **Detailed Summary Page** 

							PAGE	1	08 OF	143
	(cl	he	ck only	or	ne)					
		X	11a		11b		11c		12	
			13		14		15		16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Catherine Shull Date of Receipt Mailing Address 228 Hogan Dr 2015 City Zip Code State Transaction ID: C3174916 MO Lake Ozark 65049-6902 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation NP Ozark Health Receipt For: Aggregate Year-to-Date ▼ Primary General 620.00 Other (specify) Full Name (Last, First, Middle Initial) B. Catherine Shull Date of Receipt Mailing Address 228 Hogan Dr 06 2015 11 City State Zip Code Transaction ID: C3177789 Lake Ozark MO 65049-6902 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Name of Employer Occupation Ozark Health NP Receipt For: Aggregate Year-to-Date ▼ Primary General 620.00 Other (specify) Full Name (Last, First, Middle Initial) c. Catherine Shull Date of Receipt Mailing Address 228 Hogan Dr 2015 06 12 City Zip Code State Transaction ID: C3178036 MO Lake Ozark 65049-6902 Amount of Each Receipt this Period FEC ID number of contributing 300.00 С federal political committee. Name of Employer Occupation NΡ Ozark Health Receipt For: Aggregate Year-to-Date ▼ Primary General 620.00 Other (specify) 550.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

	_		_	MBER	PAGE	1	09 OF	143	
(c	che	ck only	or	ne)					
X 11a 11b						11c		12	
	13 14					15		16	17

Full Name (Last, First, Middle Initial)  Marsha Siegel  Mailing Address 2345 E Riding Club Rd		Date of Receipt  02 03 2015
City	State Zip Code	Transaction ID : C3177974
Cheyenne	WY 82009-9707	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Dept of Veteran Affairs	FNP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 435.00	
Full Name (Last, First, Middle Initial) Marsha Siegel		Date of Receipt
Mailing Address 2345 E Riding Club Rd		M = M / D = D / Y = Y = Y
City	State Zip Code	04 17 2015
Cheyenne	WY 82009-9707	Amount of Each Receipt this Period
	02000 0707	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Dept of Veteran Affairs	FNP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 435.00	
Full Name (Last, First, Middle Initial)	'	
Marsha Siegel		Date of Receipt
Mailing Address 2345 E Riding Club Rd  City	State Zip Code	04 17 2015
Cheyenne	WY 82009-9707	Transaction ID : C3175971  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	65.00
Name of Employer	Occupation	
Dept of Veteran Affairs	FNP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	435.00	

Use separate schedule(s) for each category of the Detailed Summary Page

				MBER	:	PAGE	143	
(cl	he	ck only	or	ne)				
X 11a 11b						11c	12	
		13		14		15	16	17

Full Name (Last, First, Middle Initial)  Marsha Siegel  Mailing Address 2345 E Riding Club Rd		Date of Receipt
City	State Zip Code	06 11 2015 Transaction ID : C3176268
Cheyenne	WY 82009-9707	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	
Dept of Veteran Affairs	FNP	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 435.00	
Full Name (Last, First, Middle Initial) Jena Simon	'	Date of Receipt
Mailing Address 525 E 82nd St		M = M / D = D / Y = Y = Y
Apt 2H	State 7in Code	03 30 2015
City New York	State Zip Code NY 10028-7148	Transaction ID : C3178092
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Mount Sinai Hospital	Occupation NP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Kolleen Snyder		Date of Receipt
Mailing Address PO Box 282		04 22 2015
City Krotz Springs	State Zip Code LA 70750-0282	Transaction ID : C3177764  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	195.00
Name of Employer	Occupation	
The Schumacher Group	FNP-BC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	275.00	

Use separate schedule(s) for each category of the Detailed Summary Page

			_	MBER	PAGE	1	11 OF	143	
(cł	ne	ck only	or	ne)					
X 11a 11b					11c		12		
		13		14		15		16	17

Full Name (Last, First, Middle Initial) Kolleen Snyder  Mailing Address PO Box 282		Date of Receipt  06 09 2015
City	State Zip Code	Transaction ID : C3166533
Krotz Springs	LA 70750-0282	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer	Occupation	
The Schumacher Group	FNP-BC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	275.00	
Full Name (Last, First, Middle Initial) Kolleen Snyder	•	Date of Receipt
Mailing Address PO Box 282		M = M / D = D / Y = Y = Y
City	State Zip Code	06 09 2015
Krotz Springs	LA 70750-0282	Transaction ID : C3175821  Amount of Each Receipt this Period
FEC ID number of contributing	7 07 02 02 02	Autourt of Each Heceipt this i effou
federal political committee.	C	65.00
Name of Employer	Occupation	
The Schumacher Group	FNP-BC	
Receipt For:    Primary   General	Aggregate Year-to-Date ▼	
Other (specify)	275.00	
Full Name (Last, First, Middle Initial) Michelle Taylor	<b>'</b>	Date of Receipt
Mailing Address 1958 SW Panther Trce		02 22 2015
City	State Zip Code	Transaction ID : C3177972
Stuart	FL 34997-4849	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Martin Health System	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	

Use separate schedule(s) for each category of the **Detailed Summary Page** 

_	R LINE	_		PAGE	1	12 OF	143
(ch	eck only	or or	ne)				
>	11c		12				
13 14				15		16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Michelle Taylor Date of Receipt Mailing Address 1958 SW Panther Trce 27 2015 City State Zip Code Transaction ID: C3177968 FL Stuart 34997-4849 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation NP Martin Health System Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Angela Thompson Date of Receipt Mailing Address 5037 W Bay Rd 03 29 2015 City State Zip Code Transaction ID: C3167080 Plainfield IN 46168-9016 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Hendricks Regional Health NP Receipt For: Aggregate Year-to-Date ▼ Primary General 213.00 Other (specify) Full Name (Last, First, Middle Initial) c. Angela Thompson Date of Receipt Mailing Address 5037 W Bay Rd 2015 03 29 City State Zip Code Transaction ID: C3168371 IN Plainfield 46168-9016 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation NΡ Hendricks Regional Health Receipt For: Aggregate Year-to-Date ▼ Primary General 213.00 Other (specify) 295.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

			_	MBER	PAGE	1	13 OF	143	
(cl	he	ck only	or	ne)					
X 11a 11b						11c		12	
		13		14		15		16	17

	the name and address of any political committee t	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION C	OF NURSE PRACTITIONERS POL	ITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Angela Thompson  Mailing Address 5037 W Bay Rd		Date of Receipt
City	State Zip Code	06 09 2015 Transaction ID : C3220518
Plainfield	IN 46168-9016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	168.00
Name of Employer  Hendricks Regional Health  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation NP  Aggregate Year-to-Date ▼  213.00	* In-Kind: In-Kind - Raffle Basket Donation
Full Name (Last, First, Middle Initial)  Susan Vanbeuge  Mailing Address 10805 Barkwood Ave		Date of Receipt
City Las Vegas FEC ID number of contributing	State Zip Code NV 89144-1407	06 09 2015  Transaction ID : C3220515  Amount of Each Receipt this Period  250.00
Receipt For:  Primary  Other (specify)   Rederal political committee.  Receipt For:  General  Other (specify)   The state of the state	Occupation NP Aggregate Year-to-Date ▼ 250.00	* In-Kind: In-Kind - Raffle Basket Donation
Full Name (Last, First, Middle Initial)  Allison Walton  Mailing Address 550 Whitcover Cir		Date of Receipt  03 31 _ 2015 _
City Charlottesville	State Zip Code VA 22901-3764	Transaction ID : C3176400  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	-
University of Virginia	NP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional).		518.00
TOTAL This Period (last page this line numb	er only)	

_	R LINE			PAGE	1	14 OF	143	
(ch	eck only	on on	ıe)					
×	11c		12					
	13		14		15		16	17

or for commercial purposes, other than usi	ng the name and address of any political committee	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION	OF NURSE PRACTITIONERS POL	LITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. Allison Walton		Date of Receipt
Mailing Address 550 Whitcover Cir		03 31 2015
City	State Zip Code	Transaction ID : C3177970
Charlottesville	VA 22901-3764	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
University of Virginia	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial)  Nancy Whitehead	·	Date of Receipt
Mailing Address 743 S 7th Ave		M = M / D = D / Y = Y = Y
City	State Zip Code	04 08 2015
West Bend	WI 53095-3944	Transaction ID : C3167067  Amount of Each Receipt this Period
FEC ID number of contributing	00000 00 11	, and an election the control of the
federal political committee.	C	20.00
Name of Employer Whitehead Consulting, LLC	Occupation	
Receipt For:	NP	_
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	235.00	
Full Name (Last, First, Middle Initial)  Nancy Whitehead		Date of Receipt
Mailing Address 743 S 7th Ave		04 08 _ 2015 _
City	State Zip Code	Transaction ID : C3175978
West Bend	WI 53095-3944	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	65.00
Name of Employer	Occupation	
Whitehead Consulting, LLC	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	235.00	
SUBTOTAL of Receipts This Page (option	nal)	335.00
	<u> </u>	
TOTAL This Period (last page this line nu	mber only)	

		LINE			PAGE 115 OF				143	
(check only one)										
X 11a 11b					11c		12			
		13		14		15		16		17

or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	g the name and address of any political committee	to solicit contributions from such committee.
,	OF NURSE PRACTITIONERS POI	LITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Nancy Whitehead		Date of Receipt
Mailing Address 743 S 7th Ave		M = M / D = D / Y = Y = Y = Y = 06 06 06 = 2015 =
City	State Zip Code	Transaction ID : C3166975
West Bend	WI 53095-3944	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Whitehead Consulting, LLC	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	235.00	
Full Name (Last, First, Middle Initial)  Nancy Whitehead	1	Date of Receipt
Mailing Address 743 S 7th Ave	M = M / D = D / Y = Y = Y	
City	State Zip Code	06 06 2015
West Bend	WI 53095-3944	Transaction ID : C3175835
	00000 00 11	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	65.00
Name of Employer	Occupation	7
Whitehead Consulting, LLC	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	235.00	
Full Name (Last, First, Middle Initial)  Nancy Whitehead		Date of Receipt
Mailing Address 743 S 7th Ave		06 09 2015
City	State Zip Code	Transaction ID : C3220547
West Bend	WI 53095-3944	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	65.00
Name of Employer	-	
Whitehead Consulting, LLC	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	235.00	* In-Kind: In-Kind - Raffle Basket Donation
SUBTOTAL of Receipts This Page (optional	al)	150.00
	<u>,</u>	
OTAL This Period (last page this line num	nber only)	1

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE	1	16 OF	143	
	(c	che	ck only	or	ne)					
		X	11a		11b		11c		12	
			13		14		15		16	17

Full Name (Last, First, Middle Initial)  Melinda Whitten  Mailing Address 6923 E 67th St		Date of Receipt  03 29 2015
City	State Zip Code	Transaction ID : C3178041
Tulsa	OK 74133-1720	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer	Occupation	
Warren Clinics	NP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1060.00	
Full Name (Last, First, Middle Initial) Melinda Whitten	,	Date of Receipt
Mailing Address 6923 E 67th St		M = M / D = D / Y = Y = Y
City	State Zip Code	03 30 2015
Tulsa	OK 74133-1720	Transaction ID : C3177800  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	200.00
Name of Employer Warren Clinics	Occupation NP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1060.00	
Full Name (Last, First, Middle Initial)		Data of David
Melinda Whitten  Mailing Address 6923 E 67th St		Date of Receipt
		06 09 2015
City	State Zip Code	Transaction ID : C3166944
Tulsa	OK 74133-1720	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Warren Clinics	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1060.00	

FO	PAGE	1	17 OF	143			
(ch							
>	<b>1</b> 1a	11b		11c		12	
	13	14		15		16	17

	the name and address of any political committee	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION C	OF NURSE PRACTITIONERS POL	ITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Melinda Whitten  Mailing Address 6923 E 67th St  City Tulsa  FEC ID number of contributing federal political committee.  Name of Employer Warren Clinics	State Zip Code OK 74133-1720  C Occupation NP	Date of Receipt  06 09 2015  Transaction ID: C3220534  Amount of Each Receipt this Period  100.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1060.00	* In-Kind: In-Kind - Raffle Basket Donation
Full Name (Last, First, Middle Initial)  Melinda Whitten  Mailing Address 6923 E 67th St		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Tulsa  FEC ID number of contributing federal political committee.	State Zip Code OK 74133-1720	Transaction ID : C3177794  Amount of Each Receipt this Period  200.00
Name of Employer Warren Clinics Receipt For:  Primary General Other (specify) ▼	Occupation NP  Aggregate Year-to-Date ▼  1060.00	
Full Name (Last, First, Middle Initial)  Melinda Whitten  Mailing Address 6923 E 67th St  City Tulsa  FEC ID number of contributing federal political committee.  Name of Employer  Warren Clinics  Receipt For:  Primary  General  Other (specify)	State Zip Code OK 74133-1720  C  Occupation NP  Aggregate Year-to-Date ▼  1060.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	540.00
TOTAL This Period (last page this line numb	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE	1	18 OF	143	
	(c	che	ck only	or	ne)					
		X	11a		11b		11c		12	
			13		14		15		16	17

NAME OF COMMITTEE (I. E. III)	The manne and dedicate of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION O	F NURSE PRACTITIONERS POLI	TICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Veronica Wilbur		Date of Receipt
Mailing Address 221 Willow Way		04 12 2015 .
City	State Zip Code PA 19352-1224	Transaction ID : C3177799
Lincoln University		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
Wilmington University	NP	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	390.00	
Full Name (Last, First, Middle Initial)  3. Veronica Wilbur		Date of Receipt
Mailing Address 221 Willow Way		06 10 2015
City	State Zip Code	Transaction ID : C3166899
Lincoln University	PA 19352-1224	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Wilmington University	NP	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	390.00	
Full Name (Last, First, Middle Initial)  Veronica Wilbur		Date of Receipt
Mailing Address 221 Willow Way		06 11 2015
City	State Zip Code	Transaction ID : C3177744
Lincoln University	PA 19352-1224	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	170.00
Name of Employer	Occupation	
Wilmington University	NP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	390.00	
		390.00

Use separate schedule(s) for each category of the Detailed Summary Page

FOF	PAGE	1	19 OF	143				
(che	ck only	or	ne)					
X	11a		11b		11c		12	
	13		14		15		16	17

or for commercial purposes, other than	using the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION	ON OF NURSE PRACTITIONERS POLI	ITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. Christine Williams		Date of Receipt
Mailing Address 15701 Fernway Rd		03 29 2015
City	State Zip Code	Transaction ID : C3177971
Shaker Heights	OH 44120-3353	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Neighborhood Family Practice	FNP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	
Full Name (Last, First, Middle Initial)  3. Christine Williams		Date of Receipt
		·
Mailing Address 15701 Fernway Rd		03 30 2015
City	State Zip Code	Transaction ID : C3167074
Shaker Heights	OH 44120-3353	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Neighborhood Family Practice	FNP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  520.00	
Full Name (Last, First, Middle Initial) Christine Williams		Date of Receipt
Mailing Address 15701 Fernway Rd		06 09 2015
City	State Zip Code	Transaction ID : C3220550
Shaker Heights	OH 44120-3353	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Neighborhood Family Practice	FNP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	520.00	* In-Kind: In-Kind - Raffle Basket Donation
SUBTOTAL of Receipts This Page (or	otional)	320.00
TOTAL This Davised (last many Mr. Par	number calls)	
IUIAL INIS Period (last page this line	number only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE	PAGE 120 OF				
(0	he	ck only	or	ne)							
	X	11a		11b		11c		12			
		13		14		15		16		17	

or for commercial purposes, other than usin	ng the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION	OF NURSE PRACTITIONERS POL	TICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. Christine Williams		Date of Receipt
Mailing Address 15701 Fernway Rd		06 11 _ 2015 _
City	State Zip Code	Transaction ID : C3177788
Shaker Heights	OH 44120-3353	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
Neighborhood Family Practice	FNP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	520.00	
Full Name (Last, First, Middle Initial)  3. Susan Wolf	1	Date of Receipt
Mailing Address 826 Stonebridge	06 04 2015	
City	State Zip Code	Transaction ID : C3178052
Metamora	IL 61548-8390	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	325.00
Name of Employer	Occupation	
OSF Medical Group	APN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  325.00	
Full Name (Last, First, Middle Initial)  C. Teri Woo	'	Date of Receipt
Mailing Address 2607 N 30th St		05 04 _ 2015 _
City	State Zip Code	Transaction ID : C3167025
Tacoma	WA 98407-6329	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Pacific Lutheran University	Nursing Professor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	205.00	
SUBTOTAL of Receipts This Page (options	al)	545.00
TOTAL This Period (last page this line nur	mber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

					PAGE	PAGE 121 OF			
(che									
X	11a		11b		11c		12		
	13		14		15		16		17

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION C	OF NURSE PRACTITIONERS POLI	TICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 2607 N 30th St		05 04 2015
City	State Zip Code	Transaction ID : C3175944
Tacoma	WA 98407-6329	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	65.00
Name of Employer	Occupation	
Pacific Lutheran University	Nursing Professor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	205.00	
Full Name (Last, First, Middle Initial)  3. Teri Woo		Date of Receipt
Mailing Address 2607 N 30th St		06 11 2015
City	State Zip Code	Transaction ID: C3177398
Tacoma	WA 98407-6329	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	120.00
Name of Employer	Occupation	
Pacific Lutheran University	Nursing Professor	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  205.00	
Full Name (Last, First, Middle Initial)  . Wendy Wright		Date of Receipt
Mailing Address 2 Rolling Woods Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Bedford	State Zip Code NH 03110-4540	Transaction ID : C3178085  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
Wright & Assoc Family Health	FNP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	•	685.00
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER:						PAGE	1	22 OF	143
(check only one)									
	>	<b>1</b> 1a		11b		11c		12	
		13		14		15		16	17

	ng the name and address of any political committee t						
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION	I OF NURSE PRACTITIONERS POL	ITICAL ACTION COMMITTEE					
Full Name (Last, First, Middle Initial)  Joan Zaccardi		Date of Receipt					
Mailing Address 4 Katie Dr		03 26 2015 The second s					
City	State Zip Code NJ 07748-1422	Transaction ID : C3176445					
Middletown	110 07740-1422	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer	Occupation						
UANJ	PA						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General  Other (specify) ▼	350.00						
Full Name (Last, First, Middle Initial)  Joan Zaccardi		Date of Receipt					
Mailing Address 4 Katie Dr		06 11 2015					
City	State Zip Code	Transaction ID : C3177963					
Middletown	NJ 07748-1422	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer UANJ	Occupation						
Receipt For:	PA	-					
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  350.00						
Full Name (Last, First, Middle Initial)  Nancy Zaner		Date of Receipt					
Mailing Address 233 SW Greenwich Dr		03 29 2015					
City	State Zip Code	Transaction ID : C3177421					
Lees Summit	MO 64082-4426	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	120.00					
Name of Employer	Occupation	-					
CVS Minute Clinic	NP						
Receipt For:  Primary  General	Aggregate Year-to-Date ▼						
Other (specify)	1321.00						
SUBTOTAL of Receipts This Page (option	al)	470.00					
	<u>^</u>						
TOTAL This Period (last page this line null	mber only)						

Use separate schedule(s) for each category of the Detailed Summary Page

_	R LINE		PAGE	: 1	23 OF	143		
(che	ck only	or	ne)					
X	11a		11b		11c		12	
	13		14		15		16	17

Full Name (Last, First, Middle Initial) Nancy Zaner Mailing Address 233 SW Greenwich Dr  154 City Lees Summit	State Zip Code MO 64082-4426	Date of Receipt  03 29 2015  Transaction ID : C3178116
FEC ID number of contributing federal political committee.  Name of Employer  CVS Minute Clinic  Receipt For:  Primary General  Other (specify)	Occupation NP  Aggregate Year-to-Date ▼  1321.00	Amount of Each Receipt this Period 901.00
Full Name (Last, First, Middle Initial)  Nancy Zaner  Mailing Address 233 SW Greenwich Dr  154  City  Lees Summit  FEC ID number of contributing federal political committee.  Name of Employer  CVS Minute Clinic  Receipt For:  Primary  General  Other (specify)	State Zip Code MO 64082-4426  C  Occupation NP  Aggregate Year-to-Date ▼  1321.00	Date of Receipt  06 12 2015  Transaction ID : C3178037  Amount of Each Receipt this Period  300.00
Full Name (Last, First, Middle Initial) Janette Zdanuk Mailing Address 6612 Fairway Dr  City Westworth Village  FEC ID number of contributing federal political committee.  Name of Employer Visiting Physicians Receipt For: Primary General Other (specify)	State Zip Code TX 76114-4034  C  Occupation FNP  Aggregate Year-to-Date ▼  640.00	Date of Receipt    M

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:							PAGE	: 1	24 OF	143
(check only one)										
		X	11a		11b		11c		12	
			13		14		15		16	17

or for commercial purposes, other than using t	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION C	OF NURSE PRACTITIONERS POLI	ITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  Janette Zdanuk		Date of Receipt
Mailing Address 6612 Fairway Dr		05
City	State Zip Code	Transaction ID : C3175946
Westworth Village	TX 76114-4034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	65.00
Name of Employer	Occupation	
Visiting Physicians	FNP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	640.00	
Full Name (Last, First, Middle Initial)  3. Janette Zdanuk		Date of Receipt
Mailing Address 6612 Fairway Dr		06 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Wastworth Villago	State Zip Code TX 76114-4034	Transaction ID : C3220544
Westworth Village	70111 1001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	75.00
Name of Employer Visiting Physicians	Occupation FNP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	* In-Kind: In-Kind - Raffle Basket Donation
Full Name (Last, First, Middle Initial)  Amy Ziegler		Date of Receipt
Mailing Address 3812 Chapparal Dr		04 17 2015
City	State Zip Code	Transaction ID : C3177969
Fairfield	CA 94534-7928	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	•
NorthBay Healthcare	Director, APRN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional).	<b>•</b>	390.00
TOTAL This Period (last page this line number	ər only)	

Use separate schedule(s) for each category of the Detailed Summary Page

_	LINE		:	PAGE	: 1	25 OF	143	
(che	ck only	or	ıe)					
×	11a		11b		11c		12	
	13		14		15		16	17

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	NURSE PRACTITIONERS POLI	TICAL ACTION COMMITTEE
١.	Full Name (Last, First, Middle Initial) Eileen Zitzer		Date of Receipt
	Mailing Address 221 N Coolidge Ave		01 04 2015
	City	State Zip Code	Transaction ID : C3177975
	Margate City	NJ 08402-1015	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	
	Genesis Health Care	NP	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial)		Date of Receipt
	Mailing Address		M = M / D = D / Y = Y = Y
	City	State Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer	Occupation	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
_ >.	Full Name (Last, First, Middle Initial)		Date of Receipt
	Mailing Address		M = M / D = D / Y = Y = Y
	City	State Zip Code	Amount of Each Possint this Pariod
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer	Occupation	
	Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼	
s	UBTOTAL of Receipts This Page (optional)		250.00
	OTAL This Period (last page this line number of		46869.00
	VIAL THIS I CHOO HASE PAYE THIS HITCHUILDEN	J: 11 ¥ /	

### S 17

SCHEDULE B (FEC Form 3X)					OP	LINE	NUMB	FR.			PAG	E 126	OF 143				
	EMIZED DISBURSEMENTS		arate schedule(s)	\ I	(check only one)												
•			category of the Summary Page		X	21b 27	22	2 3a	23 28b		24 28c	25 29	26 30b				
	y information copied from such Reports and Staten for commercial purposes, other than using the nam																
	NAME OF COMMITTEE (In Full)																
	AMERICAN ASSOCIATION OF NU	JRSE P	OLI	ITICAL ACTION COMMITTEE													
_	Full Name (Last, First, Middle Initial)																
Α.	Katherine Darling						Date of Disbursement										
	Mailing Address 637 Cougar Ln	21-1-	7'- 0-4-					06	(	09		2015					
	City S Mountain Home	State AR	Zip Code 72653-8878				Tr	ansa	ction IE	) : D	169938						
	Purpose of Disbursement	AIX	72053-0070	_													
	In-Kind - Raffle Basket Donation			Г			Ame	ount o	of Each	Dis	bursem	ent this	Period				
	Candidate Name				egoi Type	ry/			70		- 40	42	25.00				
	Office Sought: House Disbursen	nent For:			700												
	Senate President	Primary Other (spec	General General				* In-	Kind I	Receive	ed							
	State: District:																
	Full Name (Last, First, Middle Initial)																
B.	David Hebert						-	e of [	Disburs	eme		YYY	■ Y				
	Mailing Address 225 Reinekers Ln Ste 525							06 09 2015									
	Alexandria	State VA	Zip Code 22314-2880				Tr	ansa	ction II	) : D	169939						
	Purpose of Disbursement In-Kind - Raffle Basket Donation						Δm	ount c	of Each	Die	huream	ant this	Period				
	Candidate Name						Alli	Junit (	n Laci	Dis	bursein	CITE UIIS	Toriou				
					egor ype	'y/			-			40	00.00				
	Office Sought: House Disbursen Senate President	nent For: Primary Other (spec	General Cify) ▼		71		* In-	Kind	Receive	ed	,						
_	State: District:																
C.	Full Name (Last, First, Middle Initial) Lenora Lorenzo						Dat	e of [	Disburs	eme	nt						
	Mailing Address PO Box 474							)6		09	/ Y	2015	Y				
	62-394 Jp Leong Hwy City	State	Zip Code														
	Haleiwa Purpose of Disbursement	HI	96712-0474				Tr	ansa	ction II	) : D	169940						
	In-Kind - Raffle Basket Donation			Г.			Am	ount d	of Fach	Dis	bursem	ent this	Period				
	Candidate Name			Cat	egoi Type	ry/			, Easi				00.00				
	Office Sought: House Disbursen	nent For:			71.0				1		- 1						
	Senate	Primary	General				* In-	Kind I	Receive	ed							
	President	Other (spec	cify) 🔻														
	State: District:																
s	UBTOTAL of Disbursements This Page (optional)					•			7		-,-	192	25.00				
Т	OTAL This Period (last page this line number only)					<b>•</b>			1		-1						

### S 17

S	SCHEDULE B (FEC Form 3X)				OR	LINE NUMBER: PAGE 127 OF 143									
	EMIZED DISBURSEMENTS		arate schedule(s)	ule(s) (check of			nly one)								
			category of the Summary Page		X	21b 27		22 28a		23 28b		24 28c	25 29		26 30b
	y information copied from such Reports and Staten for commercial purposes, other than using the nam														
	NAME OF COMMITTEE (In Full)														
	AMERICAN ASSOCIATION OF NU	JRSE P	RACTITION	NER:	S F	POLI	ITICAL ACTION COMMITTEE								
_	Full Name (Last, First, Middle Initial)							<b>-</b>	t D:-1	<b></b>					
A.	Joyce Powers							Date o	DISI						
	Mailing Address 11201 Woodmar Ln NE						ı	06		0	9	/ Y	2015		
	City	State	Zip Code					Trans	actic	n ID	· D1	60036			
	Albuquerque	NM	87111-6510					IIalis	acui	טו וונ	. טו	09930			
	Purpose of Disbursement In-Kind - Raffle Basket Donation						_	Amoun	t of F	=ach	Dish	urseme	nt this	Period	
	Candidate Name							inoun	. 01 2		DIOD	aroome	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Toriou	4
					egoi					,		7	30	0.00	
	Office Sought: House Disbursen	nent For:													
	Senate	Primary	General				*	In-Kin	d Red	ceive	d				
	State: District:	Other (spe	city) 🔻												
_	Full Name (Last, First, Middle Initial)														_
В.	Lois Rockcastle						[	Date o	f Disl	burse	men	t			
								M = M	/		D	/ Y	Y Y	Y	
	Mailing Address 20321 Middle Rd						ı	06		0	9		2015		
	City S Eagle River	State AK	Zip Code 99577-7931					Trans	sactio	on ID	: D1	69937			
	Purpose of Disbursement	7.11.	33377-7331			_									
	In-Kind - Raffle Basket Donation			Ι.			P	Amoun	t of E	Each	Disb	urseme	nt this	Period	
	Candidate Name				egoi								30	00.00	1
	Office Sought: House Disbursen	nent For:		!	уре					,		7			1
	Senate	Primary	General				*	In-Kin	d Re	ceive	Ч				
	President	Other (spe	cify) 🔻					III-IXIII	u itt	CCIVC	u				
	State: District:														
_	Full Name (Last, First, Middle Initial)														
C.	Susan Vanbeuge							Date o	t Disi		_				
	Mailing Address 10805 Barkwood Ave							м = м 06	/	0:	9	/ Y	2015	Y	
	•	State NV	Zip Code					Trans	sactio	on ID	: D1	69941			
	Las Vegas Purpose of Disbursement	INV	89144-1407	_											
	In-Kind - Raffle Basket Donation						_ A	Amoun	t of E	Each	Disb	urseme	ent this	Period	
	Candidate Name			Cat	egoi	ry/		-	-	-	-	-	25	0.00	7
	Office Cought			1	уре					,	-	7	20	0.00	
	Office Sought: House Disbursen Senate	nent For: Primary	General				,	In IZ:	4 D-		٦				
	President	Other (spe						In-Kin	a Ked	ceive	a				
	State: District:		· · · · · · · · · · · · · · · · · · ·												
										_		-	85	0.00	1
Ls	UBTOTAL of Disbursements This Page (optional)					<u> </u>				,	_	7	63	0.00	_
Т	OTAL This Period (last page this line number only)					•							277	5.00	

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE										
ITEMIZED DISBURSEMENTS	Use separate schedule(s	(check only										
II LIVIIZED DISBURSEIVIEN IS	for each category of the	`	22 🔀 23 🗆 24 🗆 25 🗀 26									
	Detailed Summary Page	27	28a 28b 28c 29 30b									
Any information copied from such Reports and S	Statements may not be sold or u	used by any person	on for the purpose of soliciting contributions									
or for commercial purposes, other than using the												
NAME OF COMMITTEE (In Full)												
$ \; angle$ AMERICAN ASSOCIATION OF	NURSE PRACTITIO	NERS POLI	TICAL ACTION COMMITTEE									
/												
Full Name (Last, First, Middle Initial)			Date of Disbursement									
A. HOYER'S MAJORITY FUND												
Mailing Address 700 13th St NW			06 22 2015									
Ste 600			2010									
City	State Zip Code		Transaction ID : D170057									
Washington	DC 20005-5998		Transaction ID: D170057									
Purpose of Disbursement Campaign Contribution			Amount of Fools Diskurson and this Book I									
Candidate Name			Amount of Each Disbursement this Period									
Candidate Maine		Category/ Type	2500.00									
Office Sought: House Disb	ursement For: 2016	Туре										
Senate	Primary General											
President	Other (specify)											
State: District:	<u> </u>											
Full Name (Last, First, Middle Initial)												
B. LONE STAR LEADERSHIP PA	.C		Date of Disbursement									
NA ''' A LL			M = M / D = D / Y = Y = Y									
Mailing Address PO BOX 30844			05 18 2015									
City	State Zip Code											
Bethesda	MD 20824		Transaction ID : D170058									
Purpose of Disbursement Campaign Contribution												
			Amount of Each Disbursement this Period									
Candidate Name		Category/	1500.00									
Office Sought: House Disb	ursement For: 2015	Туре	7									
Senate	Primary General											
President	Other (specify)											
State: District:												
Full Name (Last, First, Middle Initial)												
C. BOEHNER FOR SPEAKER CO	MMITTEE		Date of Disbursement									
			M M / D D / Y Y Y Y									
Mailing Address 7908 CINCINNATI DAYTON SUITE I	ROAD		02 17 2015									
City	State Zip Code											
WEST CHESTER	OH 45069		Transaction ID : D170059									
Purpose of Disbursement												
Campaign Contribution		<u> </u>	Amount of Each Disbursement this Period									
Candidate Name		Category/	5000.00									
JOHN A BOEHNER  Office Sought:  House Disb	ursement For: 2016	Туре	3000.00									
Office Sought: House Disb	ursement For: 2016  Primary General											
President	Other (specify)											
State: OH District: 08	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □											
- ""												
SUBTOTAL of Disbursements This Page (option	nal)		9000.00									
	•											
TOTAL This Period (last page this line number	only)											

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 129 OF 143
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , ,		
AMERICAN ASSOCIATION OF NU	IRSE PRACTITION	FRS POLI	TICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)			Data of Dishamount
A. NEW PIONEERS PAC			Date of Disbursement
Mailing Address 228 S WASHINGTON ST STE 115			05 04 2015
•	tate Zip Code		Transaction ID : D170060
ALEXANDRIA Purpose of Disbursement	VA 22314		
Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	5000.00
	ent For: 2015		
	Primary General		
State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. MAKING BUSINESS EXCEL POLITIC	CAL ACTION COMMI	ITTFF	Date of Disbursement
			M M / D D / Y Y Y
Mailing Address PO BOX 3241			04 13 2015
0.1.	7.0.4		
,	tate Zip Code WY 82003		Transaction ID : D170061
Purpose of Disbursement	02000		
Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Office Cought		Туре	2500.00
	ent For: 2015 Primary General		
	Other (specify)		
State: District:	<b>* * * * * * * * * *</b>		
Full Name (Last, First, Middle Initial)			
C. HEARTLAND VALUES PAC			Date of Disbursement
M ''' A LL			M M / D D / Y Y Y Y
Mailing Address PO BOX 505			03 23 2015
City	tate Zip Code		Transaction ID D470000
	SD 57101		Transaction ID : D170062
Purpose of Disbursement Campaign Contribution			
Candidate Name		Amount of Each Disbursement this Period	
Sandidate Name		Category/ Type	5000.00
Office Sought: House Disbursem	ent For: 2015	71	
Senate	Primary General		
	Other (specify) ▼		
State: District:			
CURTOTAL of Dishumananta This Days (seel)			12500.00
SUBTOTAL of Disbursements This Page (optional)		·····	1255.55
1			

S	CHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 130 OF 143
	EMIZED DISBURSEMENTS		e schedule(s)	(check only	VOIVIDEIT.
• •		for each cate Detailed Sur		21b	22 🔀 23 24 25 26
		Dotalica Gui	ay	27	28a 28b 28c 29 30b
	y information copied from such Reports and Statem				
or	for commercial purposes, other than using the name	e and address	s of any politic	al committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)	IDOE DD /			TION A OTION OOM WITTER
[/	AMERICAN ASSOCIATION OF NU	JRSE PRA	CILLON	ERS POLI	TICAL ACTION COMMITTEE
<u></u>	Full Name (Last, First, Middle Initial)				
Α.	CANARY FUND				Date of Disbursement
					M M / D D / Y Y Y Y
	Mailing Address 600 PENNSYLVANIA AVE SE SUI	ΓE 210			02 17 2015
	City	State Z	ip Code		
	Washington		0003		Transaction ID : D170063
	Purpose of Disbursement				
	Campaign Contribution				Amount of Each Disbursement this Period
	Candidate Name			Category/	5000.00
	Office Sought: House Disbursen	nent For: 201		Туре	5555.55
		Primary	6 General		
		Other (specify)			
	State: District:		•		
	Full Name (Last, First, Middle Initial)				
В.	RightNow Women PAC				Date of Disbursement
	Mailing Address DOD 20044				M M / D D / Y Y Y Y Y
	Mailing Address PO Box 30844				02 03 2015
	City	State Z	ip Code		Transaction ID : D170064
	2011.0044	MD 2	20824-0844		Transaction ID . D170004
	Purpose of Disbursement Political Contribution				Amount of Each Disbursement this Period
	Candidate Name				Amount of Lacif Disbursement this Period
				Category/ Type	1500.00
	Office Sought: House Disbursen	nent For: 201	5	7.	
		Primary	<b>X</b> General		
		Other (specify)	▼		
_	State: District:				
C	Full Name (Last, First, Middle Initial) FREEDOM PROJECT; THE				Date of Disbursement
•	TREEDOW FROJECT, THE				M M / D D / Y Y Y Y
	Mailing Address 320 1ST STREET SE				02 13 2015
			ip Code 0003		Transaction ID : D170371
	Purpose of Disbursement	2	.0003		
	Campaign Contribution				Amount of Each Disbursement this Period
	Candidate Name			Category/	5000.00
				Type	5000.00
		nent For: 201	6 General		
		Primary Other (specify)			
	State: District:	Caron (openity)	<b>▼</b>		
Г	l l				
s	UBTOTAL of Disbursements This Page (optional)				11500.00
$\vdash$				<u> </u>	
T	OTAL This Period (last page this line number only).				

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one)  22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and States or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF N	URSE PRACTITION	ERS POLI	TICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)			Data of Dishuranment
A. BEN CARDIN FOR SENATE			Date of Disbursement
Mailing Address P.O. BOX 21093			06 22 2015
City CATONSVILLE	State Zip Code MD 21228		Transaction ID : D170020
Purpose of Disbursement Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name BENJAMIN L CARDIN		Category/ Type	2500.00
Senate President	nent For: 2018 Primary General Other (specify)	71-1	, ,
State: MD District: 03			
Full Name (Last, First, Middle Initial)  B. PEOPLE FOR BEN			Date of Disbursement
Mailing Address PO BOX 31129			04 20 2015
SANTA FE	State Zip Code NM 87594		Transaction ID : D170036
Purpose of Disbursement Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name BEN R MR. LUJAN		Category/ Type	2500.00
	ment For: 2016 Primary ☐ General Other (specify) ▼		
Full Name (Last, First, Middle Initial)  C. JOHNSON FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 14496			05 11 2015
City POLAND	State Zip Code OH 44514		Transaction ID : D170034
Purpose of Disbursement Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name BILL JOHNSON		Category/ Type	1000.00
Office Sought:    House   Disbursel	ment For: 2016 Primary General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		·····	6000.00
TOTAL This Period (last page this line number only)	)	·····•	

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 132 OF 143
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	IVOIVIBEIT:
	for each category of the Detailed Summary Page	` 21b °	22 🗙 23 24 25 26
	Dotalica Carrilliary i age	27	28a 28b 28c 29 30b
Any information copied from such Reports and Staten			
or for commercial purposes, other than using the nam	e and address of any politic	cal committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		.=======	
angle AMERICAN ASSOCIATION OF NU	JRSE PRACTITION	IERS POLI	TICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)			
A. GUTHRIE FOR CONGRESS			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO BOX 9639			04 13 2015
City	State Zip Code		
BOWLING GREEN	KY 42102		Transaction ID: D170038
Purpose of Disbursement			
Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
S. BRETT GUTHRIE	ant Fam. 2012	Type	2300.00
	nent For: 2016 Primary General		
President	Other (specify)		
State: KY District: 02	culci (cpccii)		
Full Name (Last, First, Middle Initial)			
B. BUDDY CARTER FOR CONGRES	SS		Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 200 E Saint Julian St			06 22 2015
Ste 603 City	State Zip Code		
Savannah	GA 31401-2754		Transaction ID : D170022
Purpose of Disbursement			
Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name BUDDY CARTER		Category/	1000.00
	nent For: 2016	Туре	
	Primary General		
President	Other (specify) ▼		
State: GA District: 01			
Full Name (Last, First, Middle Initial)			
C. COLLINS FOR CONGRESS			Date of Disbursement
Mailing Address PO Box 386			05 26 2015
Mailing Address PO Box 300			03 20 2013
City	State Zip Code		Transaction ID : D170028
	NY 14031-0386		Transaction ib . D170026
Purpose of Disbursement Campaign Contribution			
Candidate Name			Amount of Each Disbursement this Period
Chris Collins		Category/ Type	1000.00
	nent For: 2016	71	
Senate	Primary General		
President	Other (specify) ▼		
State: NY District: 27			
			4500.00
SUBTOTAL of Disbursements This Page (optional)		·····•	4300.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 133 OF 143
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER.
	for each category of the Detailed Summary Page	21b	22 🔀 23 24 25 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)	e and address of any politica	ai committee to	Solicit contributions from Such committee.
AMERICAN ASSOCIATION OF NU	IRSE PRACTITION	ERS POLI	TICAL ACTION COMMITTEE
	MOLTRACTITION	LIKOTOLI	HOAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)			
A. FRIENDS OF SCHUMER			Date of Disbursement
Mailing Address 192 LEXINGTON AVENUE SUITE	1001		04 20 2015
Mailing Address 192 EEXING FON AVENUE GOTTE	1001		20 2010
City	tate Zip Code		Transaction ID : D170013
NEW YORK Purpose of Disbursement	NY 10016		Transaction is . 5170013
Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Cotogony	
CHARLES E SCHUMER		Category/ Type	1000.00
	ent For: 2016		
	Primary General		
State: NY District: 00	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. FRIENDS OF SCHUMER			Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address 192 LEXINGTON AVENUE SUITE	1001		04 20 2015
City	tate Zip Code		
	NY 10016		Transaction ID: D170014
Purpose of Disbursement Campaign Contribution			
Campaign Contribution  Candidate Name			Amount of Each Disbursement this Period
CHARLES E SCHUMER		Category/ Type	4000.00
	ent For: 2016	Турс	, , , , , , , , , , , , , , , , , , , ,
	Primary General		
	Other (specify) ▼		
State: NY District: 00			
Full Name (Last, First, Middle Initial)  C. LOEBSACK FOR CONGRESS			Date of Disbursement
o. LOEBSACK FOR CONGRESS			M M / D D / Y Y Y Y
Mailing Address PO BOX 3013			05 18 2015
City S CEDAR RAPIDS	tate Zip Code IA 52244		Transaction ID : D170031
Purpose of Disbursement	UZZ++		
Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
DAVID WAYNE LOEBSACK  Office Sought:	nent For: 2016	Туре	1000.00
	Primary General		
	Other (specify) ▼		
State: IA District: 02			
			6000.00
SUBTOTAL of Disbursements This Page (optional)			6000.00
			, ,

SCHEDULE B (FEC Form 3X)	Lice congrete echodule(s)	FOR LINE I	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam-			
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF NU	IRSE PRACTITION	IERS POLI	TICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)			Date of Disbursement
A. HELLER FOR SENATE  Mailing Address PO Box 371907			05 18 2015
City S	tate Zip Code		
Las Vegas	NV 89137-1907		Transaction ID : D170032
Purpose of Disbursement Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name  Dean Heller		Category/ Type	1000.00
Senate President	ent For: 2012 Primary		
State: NV District:			
B. DIANE BLACK FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 1437			05 18 2015
GALLATIN	tate Zip Code TN 37066		Transaction ID : D170030
Purpose of Disbursement Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name DIANE L MRS. BLACK		Category/ Type	1000.00
Senate X	ent For: 2016 Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial)  C. UPTON FOR ALL OF US			Date of Disbursement
Mailing Address P.O. BOX 490			06 15 2015
,	tate Zip Code MI 49085		Transaction ID : D170019
Purpose of Disbursement Campaign Contribution		· · · ·	Amount of Each Disbursement this Period
Candidate Name FREDERICK STEPHEN UPTON		Category/ Type	2500.00
Senate	ent For: 2016 Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only).			4500.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 135 OF 143
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF NU	IRSE PRACTITION	IERS POLI	TICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. SCHAKOWSKY FOR CONGRESS			Date of Disbursement
Mailing Address P.O. BOX 5130			06 22 2015
EVANSTON	tate Zip Code IL 60204		Transaction ID : D170023
Purpose of Disbursement Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name  JANICE D SCHAKOWSKY		Category/ Type	1500.00
Senate President	ent For: 2016  Primary General  Other (specify)		
State: IL District: 09  Full Name (Last, First, Middle Initial)  B. SCHAKOWSKY FOR CONGRESS			Date of Disbursement
Mailing Address P.O. BOX 5130			05 11 2015
EVANSTON	tate Zip Code IL 60204		Transaction ID : D170024
Purpose of Disbursement Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name  JANICE D SCHAKOWSKY		Category/ Type	1000.00
Senate X	ent For: 2016 Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial)  C. FRIENDS OF JOE PITTS			Date of Disbursement
Mailing Address PO BOX 775			04 13 2015
•	tate Zip Code PA 19375		Transaction ID : D170037
Purpose of Disbursement Campaign Contribution  Candidate Name  JOSEPH R. PITTS		Category/	Amount of Each Disbursement this Period 2500.00
Office Sought: House Disbursem	ent For: 2016 Primary General Other (specify)	Type	
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only).		<u>_</u>	5000.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 136 OF 143
ITEMIZED DISBURSEMENTS	Use separate schedule(s	)   FOR LINE (check only	NOMBER:
TILIMELD DIODONOLIVILITIO	for each category of the Detailed Summary Page	` 21b	22 🗙 23 24 25 26
	Bottanou outrimary r age	27	28a 28b 28c 29 30b
Any information copied from such Reports and State			
or for commercial purposes, other than using the na	me and address of any polit	ical committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	LIDOE DD AOTITIO	JEDO DOL I	TIO A L. A OTIONI O ON ANTITEE
$ \hspace{.05cm} \rangle$ AMERICAN ASSOCIATION OF N	URSE PRACTITIO	NERS POLI	TICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)			
A. KATKO FOR CONGRESS			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 5407 Anvil Dr			06 01 2015
Ste 115 City	State Zip Code		
Camillus	NY 13031-8646		Transaction ID : D170027
Purpose of Disbursement			
Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
John Katko  Office Sought:	ment For: 2016	Туре	
Senate	Primary General		
President	Other (specify) ▼		
State: NY District: 24	,		
Full Name (Last, First, Middle Initial)			
B. BRADY FOR CONGRESS			Date of Disbursement
Mailing Address D.O. DOV 2077			M M / D D / Y Y Y Y Y
Mailing Address P.O. BOX 8277			03 23 2015
City	State Zip Code		Transaction ID : D170040
THE WOODLANDS	TX 77387		Transaction id . D170040
Purpose of Disbursement Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name			Amount of Each disbursement this Penou
KEVIN BRADY		Category/ Type	5000.00
	ment For: 2016	71	
Senate	Primary General		
President	Other (specify) ▼		
State: TX District: 08			
Full Name (Last, First, Middle Initial)  C. LYNN JENKINS FOR CONGRES	2		Date of Disbursement
S. ETNIN SENKINS FOR CONGRES	3		M M / D D / Y Y Y Y
Mailing Address P.O. BOX 1441			03 16 2015
City TOPEKA	State Zip Code KS 66601		Transaction ID : D170049
Purpose of Disbursement	100001		
Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
LYNN JENKINS		Type	2500.00
Office Sought: House Disburse Senate	ment For: 2016  Primary General		
President	Other (specify)		
State: KS District: 02	- ···- (-F-20)/ •		
SUBTOTAL of Disbursements This Page (optional).			8500.00
TOTAL This Period (last page this line number only	')		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 137 OF 143
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER:
	for each category of the Detailed Summary Page	21b	22 🗶 23 🔲 24 🔲 25 🔲 26
	., .,	27	28a 28b 28c 29 30b
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar			
1 1 1	le and address of any politic	car committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	IDSE DDACTITION	IEDS DOLI	
$ \hspace{.05cm} \rangle$ AMERICAN ASSOCIATION OF NI	JRSE PRACTITION	NERS PULI	TICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)			
A. WALKER 4 NC			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 2941 BATTLEGROUND AVE BOX 38334			02 03 2015
	State Zip Code		
Greensboro	NC 27438		Transaction ID: D170044
Purpose of Disbursement Campaign Contribution			
Candidate Name			Amount of Each Disbursement this Period
Mark Walker		Category/ Type	1000.00
	ment For: 2016	Турс	
Senate	Primary General		
President	Other (specify) ▼		
State: NC District: 06			
Full Name (Last, First, Middle Initial)			Data of Dishurasment
B. MARTIN HEINRICH FOR Senate			Date of Disbursement
Mailing Address P.O. BOX 25763			05 04 2015
,	State Zip Code		Transaction ID : D170035
ALBUQUERQUE Purpose of Disbursement	NM 87125		
Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	4000.00
MARTIN HEINRICH		Type	1000.00
	ment For: 2018		
Senate President	Primary General Other (specify) ▼		
State: NM District:	Care (opeciny)		
Full Name (Last, First, Middle Initial)			
C. MICHAEL BURGESS FOR CONG	RESS		Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO BOX 2334			02 03 2015
City	State Zip Code		
DENTON	TX 76202		Transaction ID : D170046
Purpose of Disbursement Campaign Contribution			
Candidate Name			Amount of Each Disbursement this Period
MICHAEL C. DR. BURGESS		Category/ Type	1000.00
	ment For: 2016	Турс	7
Senate	Primary General		
President	Other (specify) ▼		
State: TX District: 26			
CURTOTAL of Dishuman are sets This Bosse (s. 15. 1)			3000.00
SUBTOTAL of Disbursements This Page (optional)		······	3555.55
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 138 OF 143
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	
Any information copied from such Reports and State			
or for commercial purposes, other than using the na  NAME OF COMMITTEE (In Full)	me and address of any politic	cai committee to	solicit contributions from such committee.
AMERICAN ASSOCIATION OF N	URSE PRACTITION	IERS POLI	TICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)	-00		Date of Disbursement
A. MIKE THOMPSON FOR CONGR	=55		M M / D D / Y Y Y Y
Mailing Address 5429 MADISON AVENUE			06 01 2015
City	State Zip Code		Transaction ID : D170025
SACRAMENTO Purpose of Disbursement	CA 95841		
Campaign Contribution		· · · ·	Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
MIKE MR. THOMPSON		Type	2300.00
Senate	ment For: 2016 Primary General		
State: CA District: 01	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. NANCY PELOSI FOR CONGRES	S		Date of Disbursement
Mailing Address 700 13TH STREET, NW SUITE 600			03 10 2015
City WASHINGTON Purpose of Disbursement	State Zip Code DC 20005		Transaction ID : D170047
Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
NANCY PELOSI		Type	2500.00
Office Sought:    House   Disburse	ment For: 2016  Primary General  Other (specify) ▼		
State: CA District: 08			
Full Name (Last, First, Middle Initial)  C. NATIONAL REPUBLICAN CONG	RESSIONAL COMM	ITTEE	Date of Disbursement
Mailing Address 320 1st St SE			01 22 2015
City Washington	State         Zip Code           DC         20003-1838		Transaction ID : D170043
Purpose of Disbursement Campaign Contribution			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period 15000.00
Office Sought:  House Senate President State: Disburse	ment For: 2016 Primary General Other (specify)	1,700	
			20000.00
SUBTOTAL of Disbursements This Page (optional).		<u> </u>	
TOTAL This Period (last page this line number only	·)		1

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 139 OF 143	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b	
Any information control from such December 201	souto most per cetal en			
Any information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)	· ·			
$ \; angle$ AMERICAN ASSOCIATION OF NU	JRSE PRACTITION	ERS POLI	TICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)		-		
A. DR. RAUL RUIZ FOR CONGRESS	•		Date of Disbursement	
	DR. RAUL RUIZ FOR CONGRESS			
Mailing Address PO Box 3433			03 02 2015	
City	State Zip Code			
Palm Desert	CA 92261-3433		Transaction ID : D170041	
Purpose of Disbursement				
Campaign Contribution			Amount of Each Disbursement this Period	
Candidate Name		Category/	1000.00	
Raul Ruiz  Office Sought:	nent For: 2016	Туре	, , , , , , , , , , , , , , , , , , , ,	
	Primary General			
	Other (specify) ▼			
State: CA District: 36				
Full Name (Last, First, Middle Initial)				
B. RODNEY FOR CONGRESS			Date of Disbursement	
Mailing Address PO Box 344			02 23 2015	
			22 2010	
,	State Zip Code		Transaction ID : D170039	
Taylorville Purpose of Disbursement	IL 62568-0344			
Campaign Contribution			Amount of Each Disbursement this Period	
Candidate Name		Category/		
Rodney Davis		Type	1000.00	
	nent For: 2016			
	Primary General Other (specify) ▼			
State: IL District: 13	onioi (opooliy) ▼			
Full Name (Last, First, Middle Initial)				
C. KIND FOR CONGRESS COMMITT	EE		Date of Disbursement	
			M M / D D / Y Y Y Y	
Mailing Address 205 5TH AVENUE SOUTH			03 02 2015	
City	State Zip Code			
LA CROSSE	WI 54601		Transaction ID : D170042	
Purpose of Disbursement Campaign Contribution				
Candidate Name			Amount of Each Disbursement this Period	
RON KIND		Category/ Type	2500.00	
_	nent For: 2016	Турс		
	Primary General			
	Other (specify) ▼			
State: WI District: 03				
CUPTOTAL of Dioburgomento This Dans (anti-unally			4500.00	
SUBTOTAL of Disbursements This Page (optional)		······		
TOTAL This Period (last page this line number only).				

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 140 OF 143
ITEMIZED DISBURSEMENTS	Use separate schedule(s	(check only	NOMBER:
	for each category of the Detailed Summary Page		22 🗙 23 24 25 26
	Dotailed Guillinary i age	27	28a 28b 28c 29 30b
Any information copied from such Reports and State			
or for commercial purposes, other than using the n	ame and address of any poli	tical committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		=== ===	
angle AMERICAN ASSOCIATION OF N	IURSE PRACTITIO	NERS POLI	TICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)			
A. SANFORD BISHOP FOR CONG	RESS		Date of Disbursement
Mailing Address P.O. BOX 909			06 22 2015
City	State Zip Code		
COLUMBUS	GA 31902		Transaction ID : D170021
Purpose of Disbursement			
Campaign Contribution		11	Amount of Each Disbursement this Period
Candidate Name		Category/	1500.00
SANFORD D JR. BISHOP Office Sought:  House Disburs		Type	1000.00
Office Sought: House Disburs	ement For: 2016  Primary General		
President	Other (specify)		
State: GA District: 02			
Full Name (Last, First, Middle Initial)			
B. SCOTT PETERS FOR CONGRE	SS		Date of Disbursement
<del> </del>			M - M / D - D / Y - Y - Y - Y
Mailing Address PO Box 70980			05 18 2015
City	State Zip Code		
Washington	DC 20024		Transaction ID : D170033
Purpose of Disbursement Campaign Contribution			
Candidate Name			Amount of Each Disbursement this Period
Scott Peters		Category/ Type	1000.00
	ement For: 2016	Турс	, , , , , , , , , , , , , , , , , , , ,
Senate	Primary General		
President	Other (specify) ▼		
State: CA District: 52	_		
Full Name (Last, First, Middle Initial)			D . (D)
C. DUFFY FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 538			02 03 2015
g			
City	State Zip Code		Transaction ID : D170045
WAUSAU Purpose of Disbursement	WI 54402		
Campaign Contribution			Amount of Early Dishumon and this Boston
Candidate Name		Catananii	Amount of Each Disbursement this Period
SEAN DUFFY		Category/ Type	2500.00
Office Sought: House Disburs	ement For: 2016		, , , , , , , , , , , , , , , , , , , ,
Senate	Primary General		
President	Other (specify) ▼		
State: WI District: 07			
SUBTOTAL of Disbursements This Page (optional		_	5000.00
ODDITINE OF DISDUISEMENTS THIS Fage (Optional		<u> </u>	
TOTAL This Period (last page this line number on	y)		

S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 141 OF 143		
	EMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	TOMBET I.		
ITEMIZED DISDURSEMENTS		for each category of the Detailed Summary Page	21b	22 🔀 23 24 25 26		
		Detailed Sun	iiiary Page	27	28a 28b 28c 29 30b	
Ar	by information copied from such Reports and Staten	nents may not	be sold or use	ed by any perso	on for the purpose of soliciting contributions	
	for commercial purposes, other than using the nam					
	NAME OF COMMITTEE (In Full)					
$  \rangle$	AMERICAN ASSOCIATION OF NU	IRSE PRA	CTITION	FRS POLI	TICAL ACTION COMMITTEE	
	7.10121110711171000017111011101111111111	JINOL I IN	.01111011		110/12/10/10/10/10/10/10/10/10/10/10/10/10/10/	
	Full Name (Last, First, Middle Initial)					
A.	BONAMICI FOR CONGRESS	Date of Disbursement				
		M = M / D = D / Y = Y = Y				
	Mailing Address 3321 SE 20TH AVE	05 18 2015				
	00					
	City S PORTLAND		p Code		Transaction ID : D170018	
	Purpose of Disbursement	OR 9	7202			
	Campaign Contribution				Amount of Each Disbursement this Period	
	Candidate Name				Amount of Each Disbursement this Feriod	
	Suzanne Bonamici			Category/ Type	1000.00	
	<u> </u>	nent For: 2016	<u> </u>	Турс		
		Primary	General			
	President	Other (specify)				
	State: OR District: 01		•			
	Full Name (Last, First, Middle Initial)					
В.	DUCKWORTH FOR CONGRESS				Date of Disbursement	
	BOOKWOKIIII OK GONOKEGO		M M / D D / Y Y Y Y			
	Mailing Address PO Box 59568		03 10 2015			
	City	State Zi	p Code		Transaction ID : D170048	
	Schaumburg	IL 6	0159-0568		Transaction 15 : 5170040	
	Purpose of Disbursement Campaign Contribution				Assessment of Foods Disharmon and this Davied	
	Candidate Name				Amount of Each Disbursement this Period	
				Category/	1000.00	
	Tammy Duckworth  Office Sought:  House Disbursen	nent For: 2016		Туре		
		Primary	General			
		Other (specify)				
	State: IL District: 08	Other (Specify)	•			
_	Full Name (Last, First, Middle Initial)					
С	TOM REED FOR CONGRESS		Date of Disbursement			
	TOWN NEED FOR CONGRESS				M M / D D / Y Y Y Y	
	Mailing Address PO Box 10847		06 01 2015			
	5					
	City	State Zi	p Code		Transaction ID : D170026	
		NY 1	4610-0847		1141154CUOII ID . D170020	
	Purpose of Disbursement					
	Campaign Contribution				Amount of Each Disbursement this Period	
	Candidate Name			Category/	2000.00	
	THOMAS W II REED			Туре	2000.00	
		nent For: 2016				
		Primary	General			
	State: NY District: 29	Other (specify)	▼			
	State: NY District: 29					
_ ا	UDTOTAL of Disharmana to Title Day (1911)				4000.00	
L	UBTOTAL of Disbursements This Page (optional)			·····•	1000.00	
۱,	OTAL This Period (last nage this line number only)					

SCHEDULE B (FEC Form 3X)		FOR LINE 1	NUMBER: PAGE 142 OF 143
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information conicd from such Department Co.	onto mou est les calal au		
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam-	ents may not be sold or use e and address of any politica	ed by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	, , ,		
AMERICAN ASSOCIATION OF NU	IRSE PRACTITION	ERS POLI	TICAL ACTION COMMITTEE
		-	
Full Name (Last, First, Middle Initial)  A. UDALL FOR US ALL			Date of Disbursement
	M M / D D / Y Y Y Y		
Mailing Address PO BOX 25766	05 18 2015		
City S			
	tate Zip Code NM 87125		Transaction ID : D170029
Purpose of Disbursement			
Campaign Contribution			Amount of Each Disbursement this Period
Candidate Name TOM UDALL		Category/	1000.00
	ent For: 2020	Туре	
	Primary General		
	Other (specify) ▼		
State: NM District: 00			
Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement
		M M / D D / Y Y Y Y	
Mailing Address			
City	tate Zip Code		
,	_ip		
Purpose of Disbursement			Amount of Eagle Dishurance at this Day
Candidate Name		البيا	Amount of Each Disbursement this Period
		Category/ Type	
Office Sought: House Disbursem		-	
	Primary General		
President State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
Mailing Address	M M / D D / Y Y Y Y		
Mailing Address			
City	tate Zip Code		
Purpose of Disbursement	1.		
	Amount of Each Disbursement this Period		
Candidate Name		Category/	
Office Sought: House Disbursem	ent For:	Type	
	ent For:  Primary General		
	Other (specify) ▼		
State: District:			
OUDTOTAL of Birkenson is Till Book in the			1000.00
SUBTOTAL of Disbursements This Page (optional)		·····	1000.00
TOTAL This Period (last page this line number only).			105000.00

### S ľ

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 143 OF 143
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER.
	for each category of the Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)  AMERICAN ASSOCIATION OF N	IURSE PRACTITION	ERS POLI	TICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)			
A. Joyce Knestrick	Date of Disbursement		
Mailing Address 801 Alamae Lakes Rd	04 13 2015		
City Washington	State Zip Code PA 15301-9150		Transaction ID: D169980
Purpose of Disbursement Proceeds for Cash Raffle Prize			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	201.25
Office Sought:  House Senate President  Disburse	ement For:    Primary   General     Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement	
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
Senate President	ement For:    Primary		
State: District:			
Full Name (Last, First, Middle Initial)  C.	Date of Disbursement		
Mailing Address			
City			
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		Category/ Type	The state of the s
Office Sought:  Senate  President  State:  Disburse	ement For:  Primary General  Other (specify) ▼		
			201.25
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number onl	y)		201.25